

Name
in
Full

Annie E. Ament

CERTIFICATE OF DEATH

Town

County

Died at

Cella

Balto.

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1907 Aug.

15

Age

45

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Occupation

House Wife

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Adam Ament

Father's
Name

John Deitz

Father's
Birthplace

Germany

Mother's
Maiden Name

Caroline Ehl.

Mother's
Birthplace

Germany

Name of person giving
In formation

George Deitz

How related
to deceased

Son

CAUSES OF DEATH

79

Primary

Organic heart disease

How long

Some years

Immediate

Heart failure

How long

a few minutes

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Address

B. J. Byrnes
Edikoff & Co. Inc.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Francis Amrhein

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Canton		County Balto.		MARYLAND	
Date of death		Month 7	Day 20 th	Age		Months 3	Days 24
Sex Female		Color or Race White		Birth-place Balto Co.			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name		Bernard Amrhein				Father's Birthplace Balto. Md.	
Mother's Maiden Name		Juliana Grutkowska				Mother's Birthplace Balto. Md.	
Name of person giving information		Bernard Amrhein				How related to deceased Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Dysentery	(14)	How long	ten days
Immediate	Marasmus		How long	one week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		M. L. Burke Md.		
		Address		
		304 2 Hudson St.		
Accident or Suicide?				

Sacred Heart Cemetery
Aug 22 nd 1907

Germauns Trance

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

August Arnold

Died *St. Agnes Hospital*

Town

County

Baltimore

MARYLAND

Date of death 1907 August

Month

8th

Day

Age 27

Years

Months

Days

Sex male

Color or Race

white

Birth-place

Maryland

Occupation

Laborer

Where Residing if not at place of death

31 Stafford St.

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

John Arnold

Father's Birthplace

Germany

Mother's Maiden Name

Catherine Arnold

Mother's Birthplace

Germany

Name of person giving information

Fannie E. Schad

How related to deceased

Sister

CAUSES OF DEATH

Primary

Typhoid fever -

How long

2 weeks

Immediate

Perforation of intestine

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

J. H. Hazen

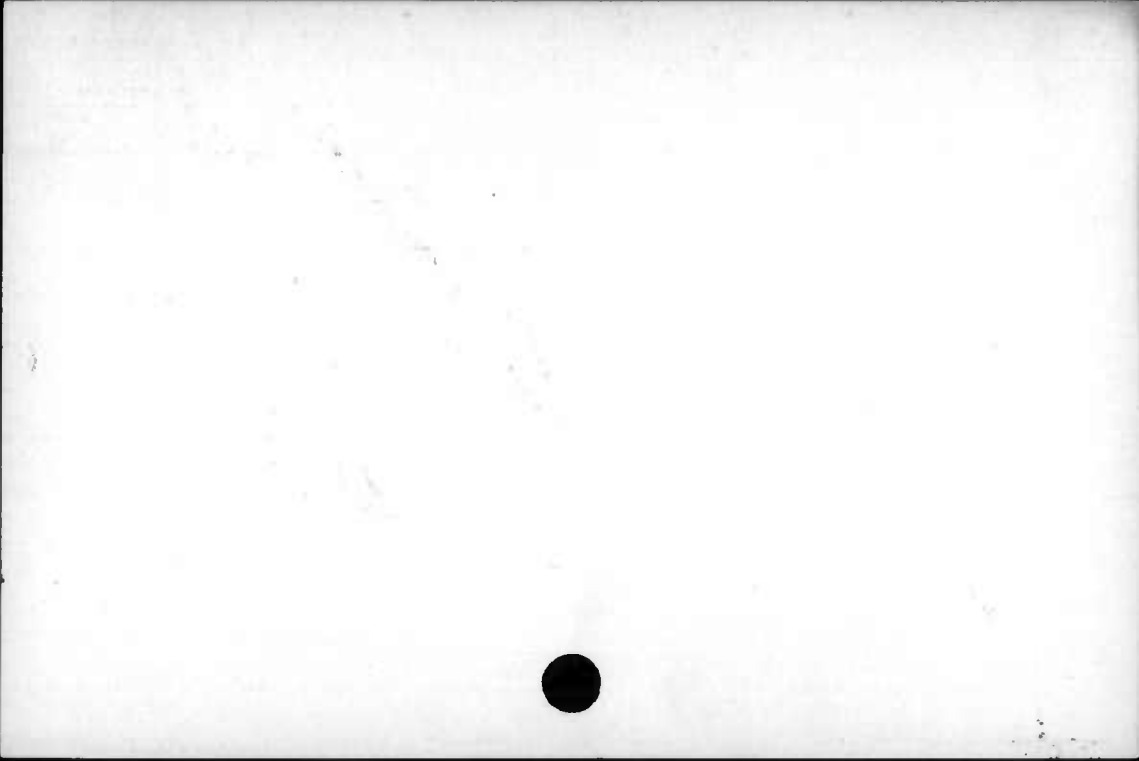
Address

St. Agnes Hospital

Accident or Suicide?

PHYSICIAN
OR CORONER

1



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i>		County <i>Balto.</i>		MARYLAND	
Date of death	190 <i>9</i>	Month <i>8</i>	Day <i>28</i>	Age <i>28</i>	Years <i>11</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balto.</i>		
Occupation <i>Housework</i>	Where Residing if not at place of death <i>16th near Eastern Ave</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Wm Averle</i>	Father's Birthplace <i>Balto.</i>				
Mother's Maiden Name <i>Mary L. Henson</i>	Mother's Birthplace <i>Washington D.C.</i>				
Name of person giving information <i>Mary Averle</i>	How related to deceased <i>Mother</i>				

CAUSES OF DEATH

(120)

PHYSICIAN
OR CORONER

Primary	<i>Chronic Nephritis</i>	How long <i>About 2 years</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>H. L. Reckard M.D.</i>
		Address <i>910 S. Canton St. Baltimore, Md.</i>
Accident or Suicide?	<i>No</i>	

Oak Lawn cemetery
Hernig & son
200 S Orleans St.

8/30/07

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

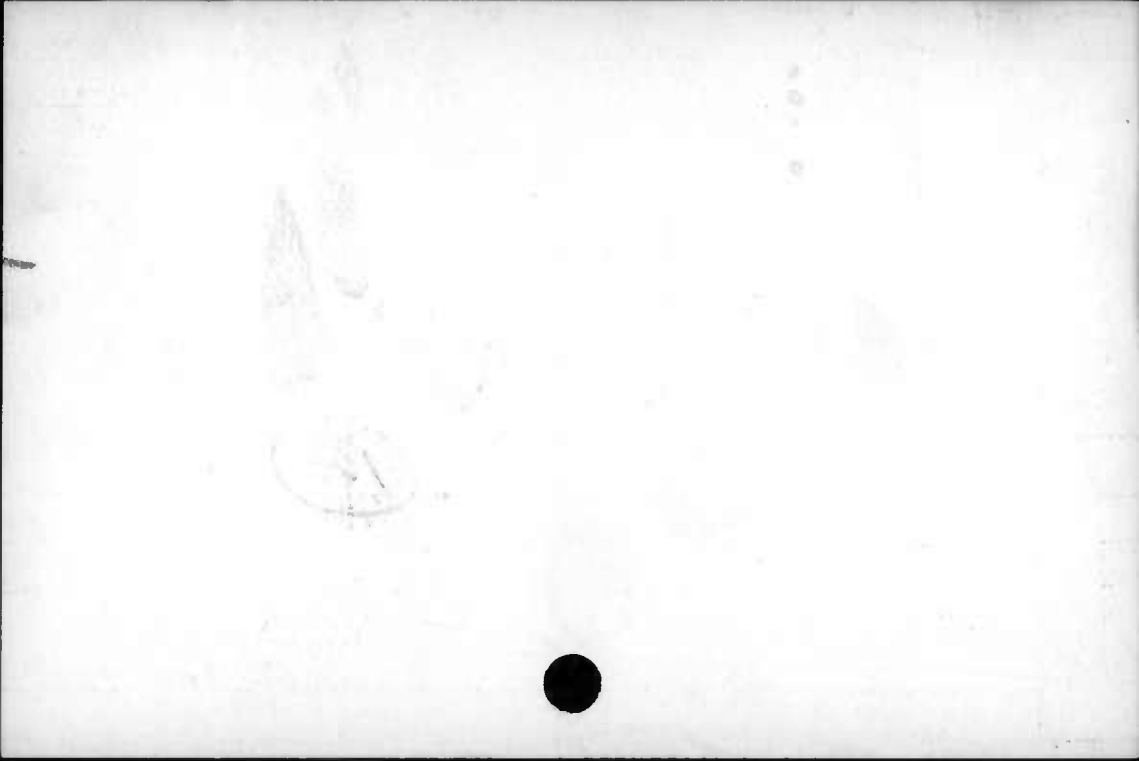
Died at <i>White Hall</i> ^{Town}		<i>Ball's</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Aug</i>	Day	<i>28</i>
Age	<i>9</i>		Months	<i>9</i>	
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>White Hall</i>
Occupation			Where Residing if not at place of death <i>White Hall</i>		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name	<i>Upton Ayers</i>			Father's Birthplace	<i>White Hall</i>
Mother's Maiden Name	<i>Mary Mullenbach</i>			Mother's Birthplace	<i>White Hall</i>
Name of person giving information	<i>Dr. F. J. ...</i>			How related to deceased	<i>daughter</i>

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	How long	<i>48 hours</i>
Immediate	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>F. F. Turner</i>
<i>Yes</i>		Address <i>White Hall</i>
Accident or Suicide?		



Name
in
Full

Elizabeth R. L. Baier

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Highlandtown^{County} Balto

Date of death 1907

Month 8

Day 22

Age

Years -

Months 3

Days -

Sex

Female

Color or
Race

W.

Birth-
place

Balto. Co.

Occupation

Where Residing if not
at place of death1303 - 5th St.Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Geo. Baier

Father's
Birthplace

Balto.

Mother's
Maiden Name

Annie Bowers

Mother's
Birthplace

"

Name of person giving
information

Annie Baier

How related
to deceased

Father

CAUSES OF DEATH

105

Primary

Cholera Infantum

How long

10 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

A. S. Warner

Address

1120 Highland av

Accident or Suicide?

no

PHYSICIAN
OR CORONER

1

Mr. Samuel Lee.
Henry & Son
8/23/07

Name

in
Full

Alice Barnes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

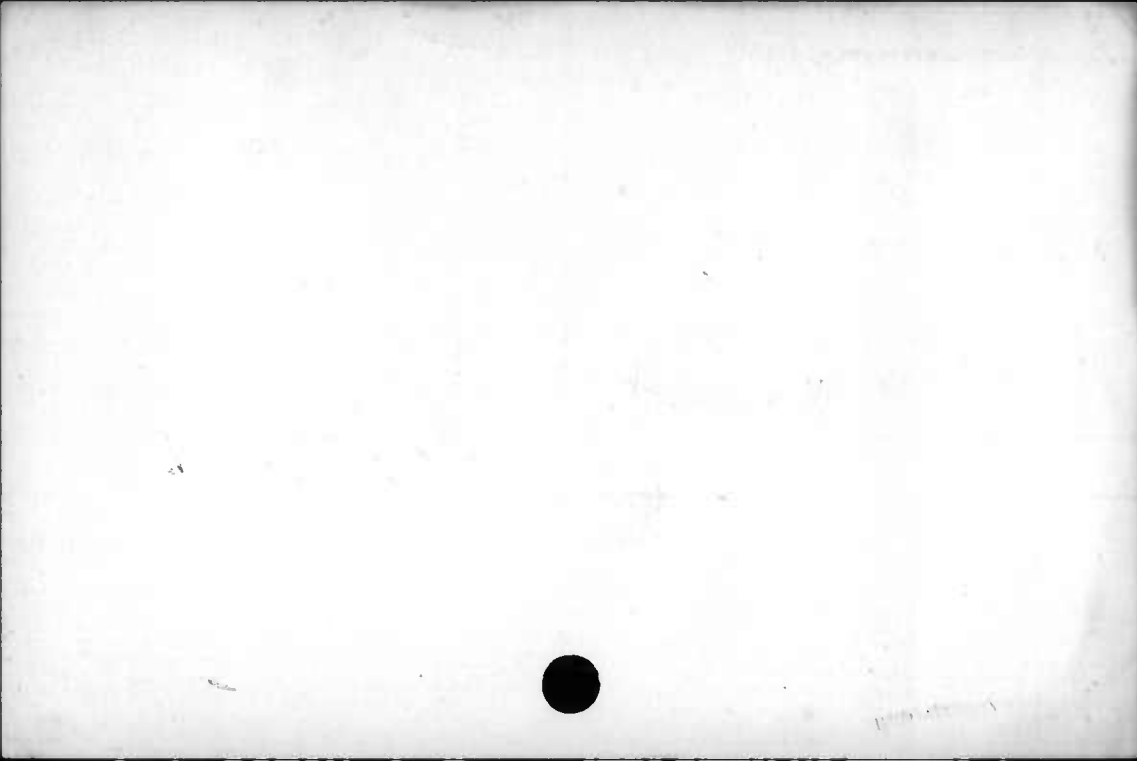
Died at		Town Catonsville		County Balto		MARYLAND	
Date of death	1907	Month August	Day 23	Age 61	Years	Months	Days
Sex	female		Color or Race	Colored		Birth- place	Anne Arundel Co
Occupation	House work			Where Residing if not at place of death Catonsville Md			
Married, Single or Widowed	Widow		Name of Wife or Husband James Barnes				
Father's Name	Len Sovans					Father's Birthplace	Md
Mother's Maiden Name	Alice Sovans					Mother's Birthplace	Md
Name of person giving In formation	Susan Cure					How related to deceased	Daughter

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Chronic Nephritis	How long	10 yrs
Immediate	Chronic Coma	How long	5 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Marshall B. West	
Address		Catonsville, Md.	
Accident or Suicide?			



Name in Full		Town				County		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at		Dickeyville		Balto		MARYLAND				
		Date of death		1907	Aug	24 th	Age	65-	Months	6-	Days	6-
		Sex		Female		Color or Race		White		Birth-place		Germany
		Occupation		House wife		Where Residing if not at place of death		Dickeyville				
		Married, Single or Widowed		Married		Name of Wife or Husband		Gothie Char F Bankol				
		Father's Name		Gothie Amold		Father's Birthplace		Germany				
		Mother's Maiden Name		Maggie Dehying		Mother's Birthplace		Germany				
		Name of person giving information		Rudolph Bankol		How related to deceased		Son				
CAUSES OF DEATH												
PHYSICIAN OR CORONER ①		Primary		Pulmonary Tuberculosis				How long		2 year		
		Immediate		Cardiac Arteriosclerosis				How long		1 day		
		Are the name, age, sex, color, date and place correctly given above?				Yes		Signature of Physician				
						Address		A. C. Smith Woodlawn Sta Md.				
		Accident or Suicide?										

Joe Blook
Salem Lutheran
Catskill

Name
in
Full

John D. Barrett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

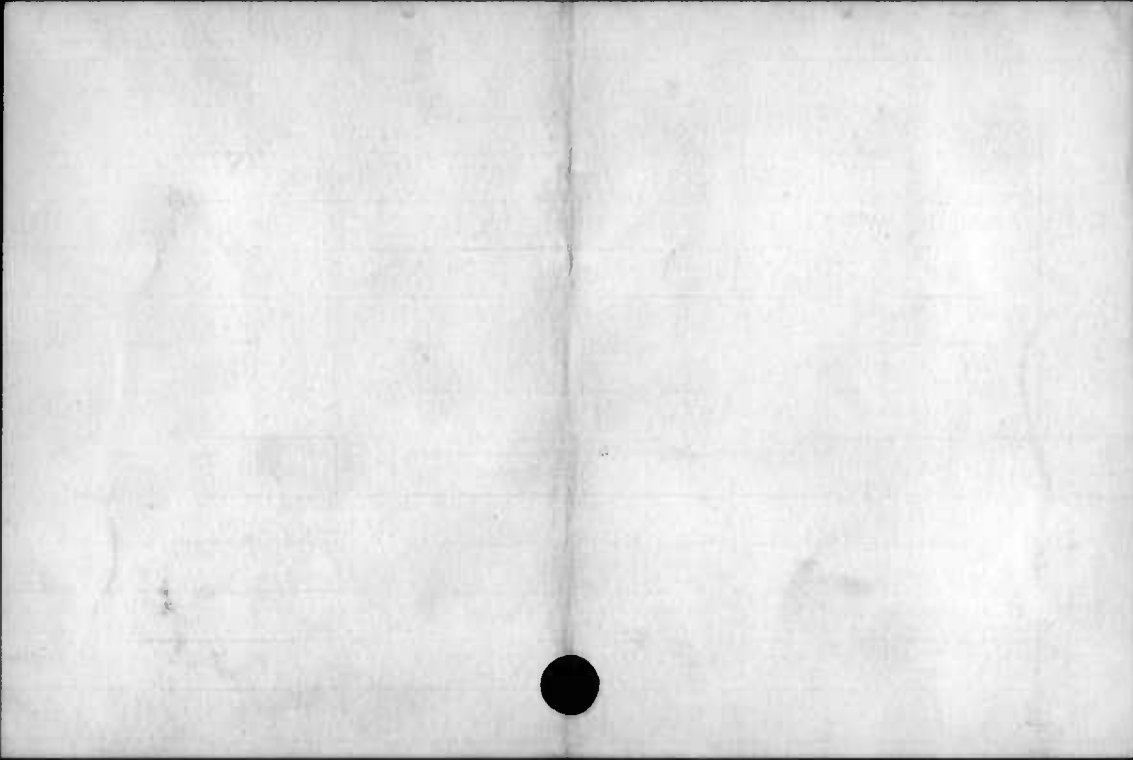
Died at		Town Hightstown		County Baltimore		MARYLAND	
Date of death		1907	Month Aug.	Day 26	Age 30	Years	Months —
Sex Male		Color or Race White		Birth- place Md.			
Occupation Trainman				Where Residing if not at place of death —			
Married, Single or Widowed Married		Name of Wife or Husband Sarah E. Barrett					
Father's Name William Barrett		Father's Birthplace Baltimore & Chestnut Ridge					
Mother's Maiden Name Mary Elizabeth Smith		Mother's Birthplace Pawmill Baltimore					
Name of person giving Information Samuel A. Wise.		How related to deceased Brother-in-law.					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	2 yrs.
Immediate	Exhaustion	How long	3 mos.
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		Dr. J. A. Slautz	
Address		41 Eastern Ave & L.	
Accident or Suicide?			



Name
in
Full

William Sheffield Barrow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		1907	Month	Day	Years	Months	Days
Sex		male		Color or Race		white	
Occupation		Wholesale merchant		Where Residing or place of death		Roanoke, Va.	
Married, Single or Widowed		single		Name of Wife or Husband		None	
Father's Name		B. F. Barrow Sr.		Father's Birthplace		Ridgely, Va.	
Mother's Maiden Name		Judith H. Sheffield		Mother's Birthplace		Barrows Mills, Va.	
Name of person giving information		B. F. Barrow, Jr.		How related to deceased		brother	

CAUSES OF DEATH

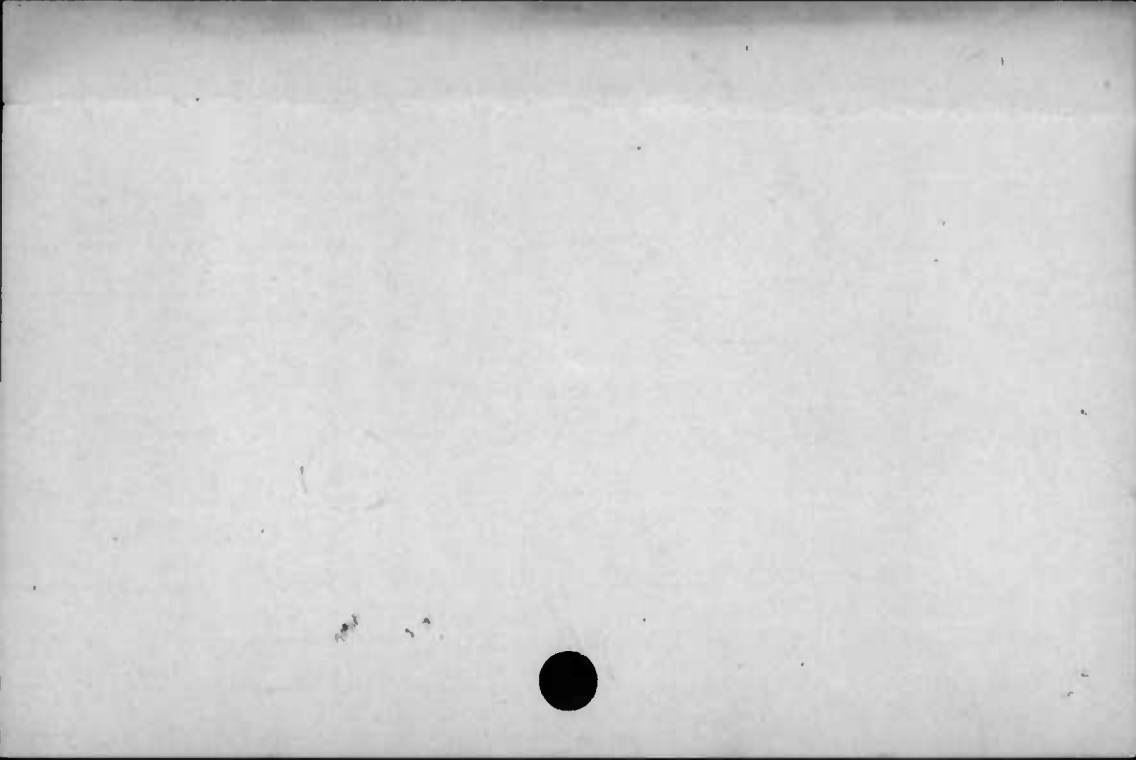
PHYSICIAN
OR CORONER

Primary	Paresis	How long	2 yrs
Immediate	Exhaustion	How long	6-8 wks
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Dr. M. Rush Danton	
Address		Lawson, Md.	
Accident or Suicide?		no	

Place of burial Roanoke Va

Henry W Perkins & Sons Co
Funeral Directors.

Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at		TOWN	
		Date of death		Month	
		Year		Day	
		Age		Years	
		Sex		Color or Race	
TO BE ANSWERED BY NEAREST FRIEND		Birthplace		MAYLAND	
		Occupation		Where Residing if not at place of death	
		Married, Single or Widowed		Name of Wife or Husband	
		Father's Name		Father's Birthplace	
		Mother's Maiden Name		Mother's Birthplace	
TO BE ANSWERED BY NEAREST FRIEND		Name of person giving information		How related to deceased	
		CAUSES OF DEATH			
		Primary		How long	
		Immediate		How long	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
PHYSICIAN OR CORONER		Address		20	
		Accident or Suicide?		LIBRARY BUREAU ADDRESS	



Name
in
Full

Ambrose F. Bark

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

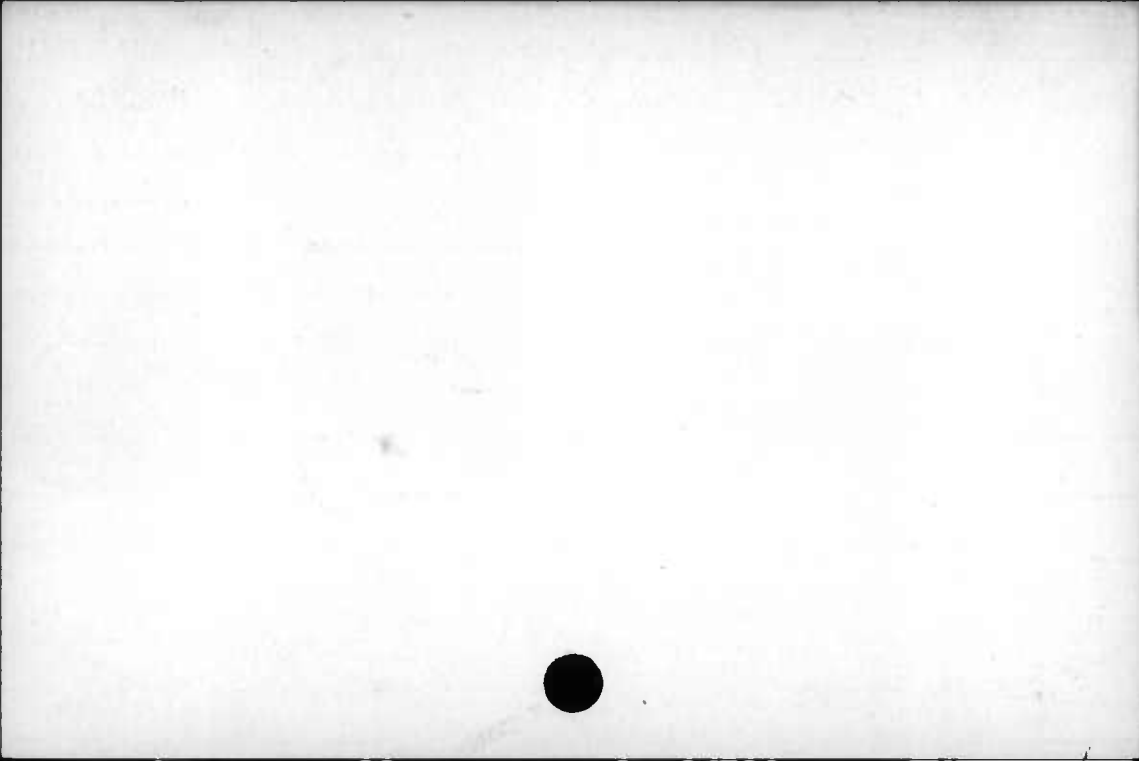
Died at <i>Mt Hope Rmish</i>		Town <i>Baltimore</i>		County <i>-</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Aug</i>	Day <i>28th</i>	Age <i>43</i>	Years	Months	Days
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>S. C.</i>
Occupation	<i>U.S.C. - War Dept.</i>			Where Residing if not at place of death <i>Washington D.C.</i>			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Not Known</i>			
Father's Name	<i>Not Known</i>					Father's Birthplace	<i>Not Known</i>
Mother's Maiden Name	<i>'' ''</i>					Mother's Birthplace	<i>Not Known</i>
Name of person giving information	<i>Reck. Mt Hope</i>					How related to deceased	<i>not at all</i>

CAUSES OF DEATH

163

PHYSICIAN
OR CORONER

Primary	<i>Mania Acute Post. Bulb. Paralysis</i>	How long	<i>7 mos -</i>
Immediate	<i>Ex -</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Frank J. Flannery</i>	
		Address <i>Mt Hope Rmish</i>	
Accident or Suicide?			



Name

in
Full

Walter M. Bean

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Orangeville ^{Town}		Balto. ^{County}		MARYLAND	
Date of death 1907	Month 8	Day 27	Age 1 Years	Months 5	Days 10
Sex Male	Color or Race White	Birth-place Balto. Co.			
Occupation None	Where Residing if not at place of death #5 Loney's Lane				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name Chas. Bean	Father's Birthplace Balto.				
Mother's Maiden Name Annie Krobs	Mother's Birthplace Balto.				
Name of person giving information Annie Beab	How related to deceased Mother				

CAUSES OF DEATH

(193)

PHYSICIAN
OR CORONER

Primary	<i>pneumonia</i>	How long	<i>13 days</i>
Immediate	<i>asthma</i>	How long	<i>Short</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Geo. L. Walters</i>	
		Address <i>6 N. Brady</i>	
Accident or Suicide?			

Mount Carmel Cemetery

J. Herwig & Son

8 /29 /07

Name
in
Full

Mary Becker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

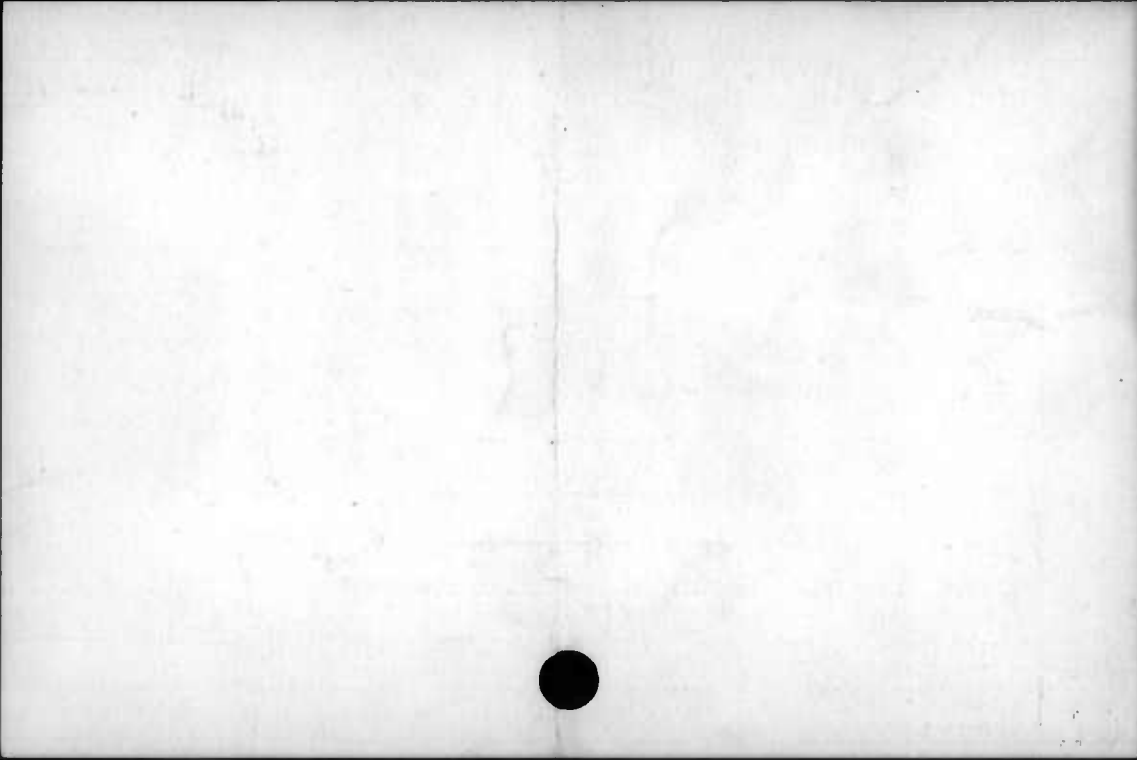
Died at <u>Benton</u> <small>Town</small>		<u>Bath</u> <small>County</small>		MARYLAND	
Date of death	<u>1907</u>	Month <u>August</u>	Day <u>22</u>	Age <u>20</u>	Years <u>1</u> Months <u>18</u> Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Benton</u>		
Occupation <u>House Work</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Adam Becker</u>	Father's Birthplace <u>Bath County</u>				
Mother's Maiden Name <u>Mary Byer</u>	Mother's Birthplace <u>" "</u>				
Name of person giving information <u>Mary Byer</u>	How related to deceased <u>Mother</u>				

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <u>Mitral Insufficiency</u>	How long <u>April 1. '87</u>
Immediate <u>Chron. Parench. Nephritis</u>	How long <u>June '07</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. L. Burke M.D.</u>
	Address <u>3042 Hudson St</u>
Accident or Suicide?	



Name
in
Full

Thomas R Biddison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Beugus</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>Aug</i>	Day <i>27</i>	Age <i>—</i>	Years <i>—</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>md</i>	Month <i>—</i>	Days <i>27</i>	
Occupation <i>chud</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Thomas A Biddison</i>	Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>Flouene End</i>	Mother's Birthplace <i>md</i>				
Name of person giving information <i>Thomas A Biddison</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary <i>Dysentery</i>	How long <i>10 days</i>
Immediate <i>Comorbidities</i>	How long <i>4 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yy</i>	Signature of Physician <i>John W. Harrison M.D.</i>
	Address <i>md. W. R. Biddison</i>
Accident or Suicide? <i>md</i>	



In Full

Eleonor Bird

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Helens</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>May</i> ^{Month}	<i>31</i> ^{Day}	<i></i> ^{Years}	<i>10</i> ^{Months}	<i></i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Philadelphia</i>		
Occupation <i>None</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widowed</i>			Name of Wife or Husband		
Father's Name <i>Lawrence Bird</i>			Father's Birthplace <i>Philadelphia</i>		
Mother's Maiden Name <i>Mary McShane</i>			Mother's Birthplace <i>Baltimore</i>		
Name of person giving information <i>Elizabeth McShane</i>			How related to deceased <i>Cousin</i>		

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Indigestion</i>	How long <i>10 months</i>
Immediate <i>Infarcted Atherosclerosis & Spasmodic</i>	How long <i>10 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. C. Eldred M.D.</i>
	Address <i>Spencer Point</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Ross Band

Town

County

MARYLAND

Died at Garrison Mills

Balto

Date

Month

Day

Age

Years

Months

Days

of death 190

7 Aug 22

76

10

8

Sex

Male

Color or Race

White

Birth-place

Ind.

Married, Single or Widowed

Married

Occupation

Retired Farmer

Name of Wife or Husband

Mary Jane McDonald

Father's Name

Gen Bond

Father's Birthplace

Ind.

Mother's Maiden Name

Unknown

Mother's Birthplace

Unknown

Name of person giving information

Smith Bond

How related to deceased

Son

CAUSES OF DEATH

154

Primary

Chronic Gastritis & colitis

How long

about 6 months

Immediate

Edema of lungs & endocarditis

How long

7 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

C. H. Gerry

Address

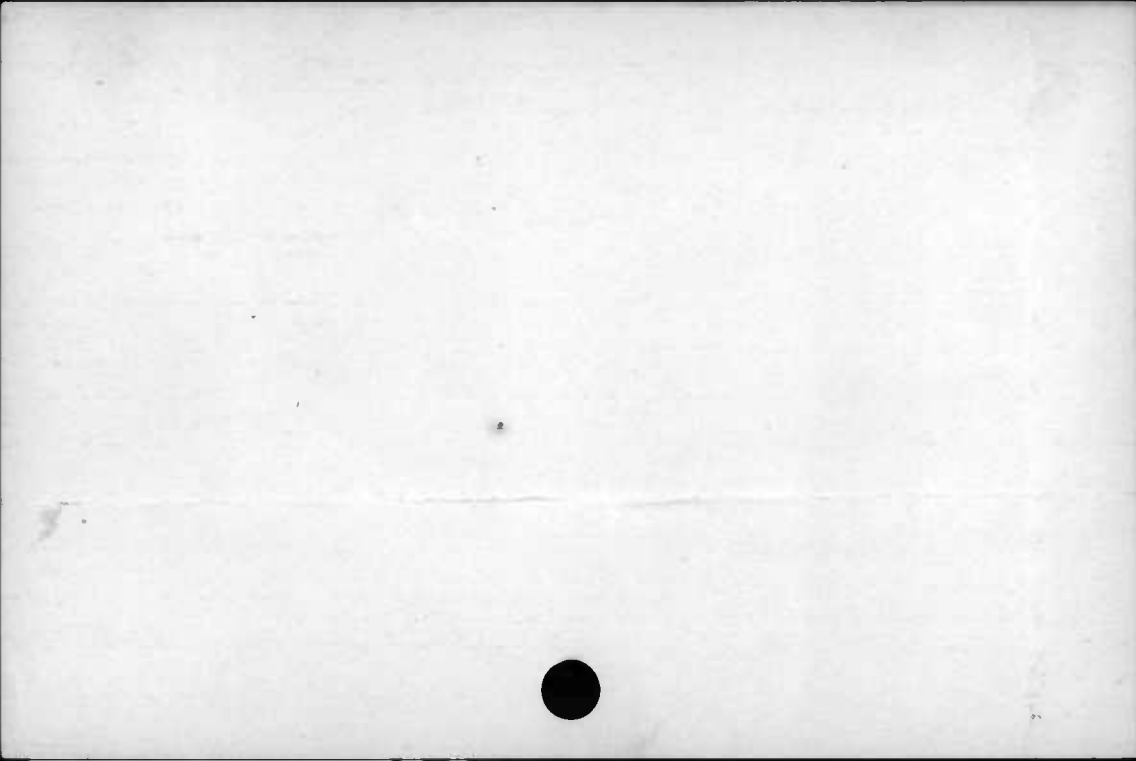
Shoreland Pa.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1



Name

in Full

CERTIFICATE OF DEATH

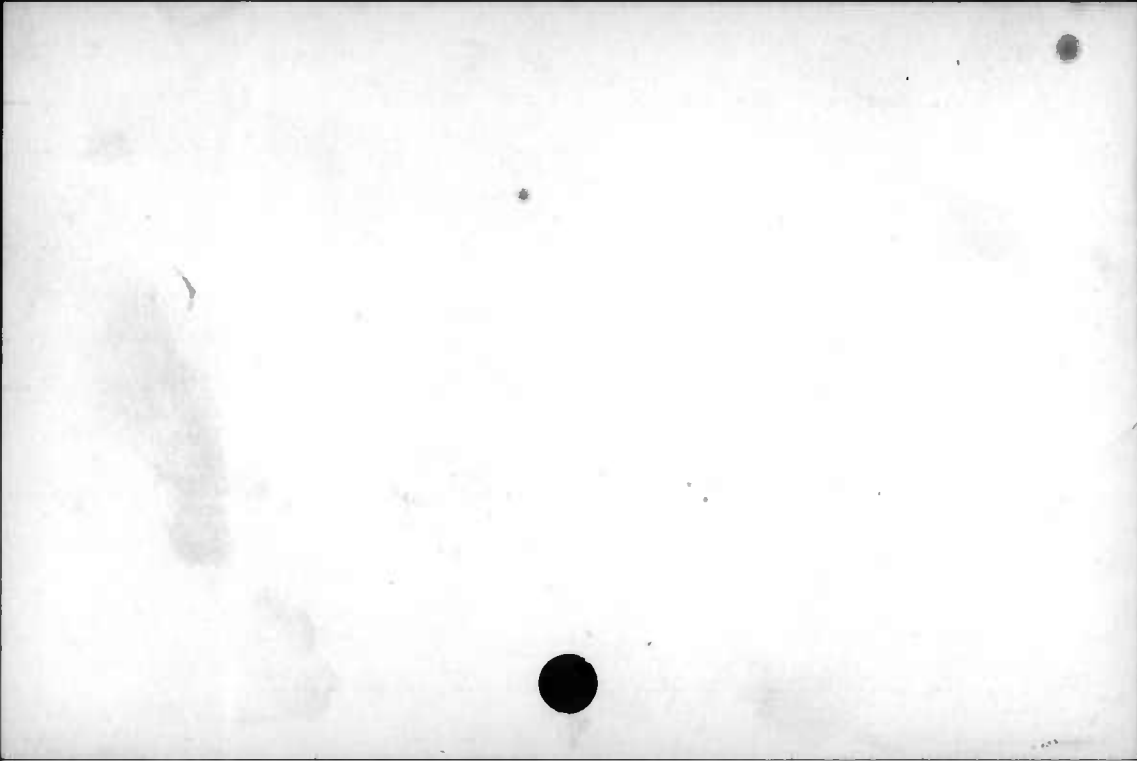
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Washington Valley</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 1907	Month <i>Aug</i>	Day <i>19</i>	Age <i>—</i>	Months <i>—</i>	Days <i>12</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Jno Bowers</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Bessie Seal</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Abner Bowers</i>			How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diarrhea</i>	<i>1037</i>	How long <i>since birth</i>
Immediate <i>Diarrhea</i>		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Therence</i>	
	Address <i>Physician</i>	
Accident or Suicide?		



Name
in
Full

William A Boyd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{near} Sparrows Point		Town		County		BALTO		MARYLAND	
Date of death	1907	Month	Aug.	Day	25	Age	30	Months	5
Sex	Male		Color or Race	White		Birth-place	Virginia		
Occupation	Pilot			Where Residing if not at place of death			Baltimore City		
Married, Single or Widowed	Married		Name of Wife or Husband	Lucy A. Boyd					
Father's Name	John P. Boyd					Father's Birthplace	Va.		
Mother's Maiden Name	Addie Wright					Mother's Birthplace	Va.		
Name of person giving information	Lucy A Boyd					How related to deceased	Wife		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

172

How long

Immediate

drowning

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Jas Black (Coroner)
Sparrows Point
Md.

Accident or Suicide

Accident

1231

Qar Lam Lam
Kandor Son

Name

in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at

Canton

Balto.

Date

1907 Aug.

Day

26

Age

Years

24

Months

unknown

Days

unknown

Sex

male

Color or
Race

white

Birth-
place

Poland

Occupation

Laborer

Where Residing if not
at place of death

1003 Chesapeake.

Married, Single
or Widowed

Married

Name of Wife or
Husband

Anna. Brick

Father's
Name

unknown

Father's
Birthplace

Poland

Mother's
Maiden Name

"

Mother's
Birthplace

"

Name of person giving
information

Joseph. Tymentowski

How related
to deceased

Friend

CAUSES OF DEATH

164

Primary

Killed

How long

immediate

Immediate

Fractured skull

How long

"

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

P.A. Drumigan

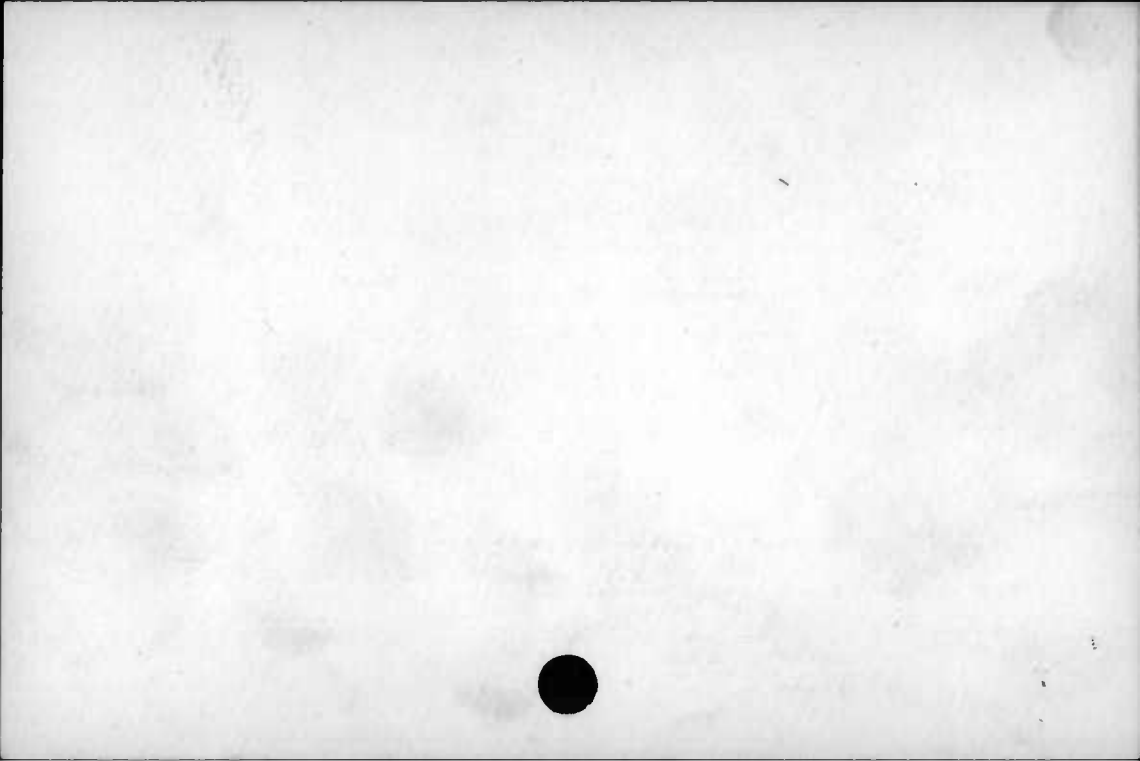
Address

203 Toone St.
Baltimore

Accident or Suicide?

Accident

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER
1



Name
in
Full

Avery Brinkman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Beeper		County Balt		MARYLAND	
Date of death		1907	Month Aug	Day 28	Age 75	Years	Months Days
Sex Male		Color or Race White		Birth- place Germany			
Occupation Farmer				Where Residing if not at place of death			
Married, Single or Widowed Widower		Name of Wife or Husband					
Father's Name Not known		Father's Birthplace Germany					
Mother's Maiden Name Not known		Mother's Birthplace Germany					
Name of person giving Information Ed Brinkman		How related to deceased Son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cerebral Apoplexy	(64)	How long	18 hrs
Immediate	Heart Failure		How long	few minutes
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician J. H. Hannon M.D.	
			Address Middle Road W	
Accident or Suicide?		No		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Alexander Brown
Died at *Carleton* ^{Town} *Balto.* ^{County}

MARYLAND

Date of death *1907* ^{Month} *Aug.* ^{Day} *24* ^{Years} *77* ^{Months} *1* ^{Days} *4*
Sex *Male* Color or Race *White* Birth-place *Balto.*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *Widower* Name of Wife or Husband *Sarah J. Brown*

Father's Name *David Brown* Father's Birthplace *Scotland*

Mother's Maiden Name _____ Mother's Birthplace _____

Name of person giving information *Mr. Brown* How related to deceased *Son*

CAUSES OF DEATH

83

Primary *General Phlebitis (Left)* How long *10 days*

Immediate *Absence - Operation & Exhumation* How long *3 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *G. H. Atterbury*
Address _____

PHYSICIAN
OR CORONER

Accident or Suicide?

Mt Carmel Cemetery

H. Sanders & Son

Name

in
Full

Ann Brown

CERTIFICATE OF DEATH

Died at

Balto. Co Almshouse

MARYLAND

Date

of death 1907

Month

8

Day

14

Age

86

Months

Days

md

Sex

Female

Color or
Race

Colored

Birth-
place

Balto. Co. md

Occupation

Housewife

Where Residing if not
at place of death

Almshouse

Married, Single
or WidowedName of Wife or
Husband

Unknown

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
InformationHow related
to deceased

CAUSES OF DEATH

(154)

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Dr. Thos. C. Bussey
Ft. Co.
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Funeral at Stevenson
Chapelle. Friday Aug 16

H. C. Brooks

Name
in
Full

Charles E. Brown

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at *Worthings valley*

Balto

Date

Month

Day

Years

Months

Days

of death

1907

Aug

13

Age

—

6

—

Sex

Male

Color or
Race

white

Birth-
place

Balto co Md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Harry L. Brown

Father's
Birthplace

Fredrick co Md

Mother's
Maiden Name

Fannie R Whitcomb

Mother's
Birthplace

Balto co Md

Name of person giving
In formation

Harry L Brown

How related
to deceased

Father

CAUSES OF DEATH

105

Primary

Teething

How long

Immediate

Cholera Infantum

How long

two weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. W. White

Address

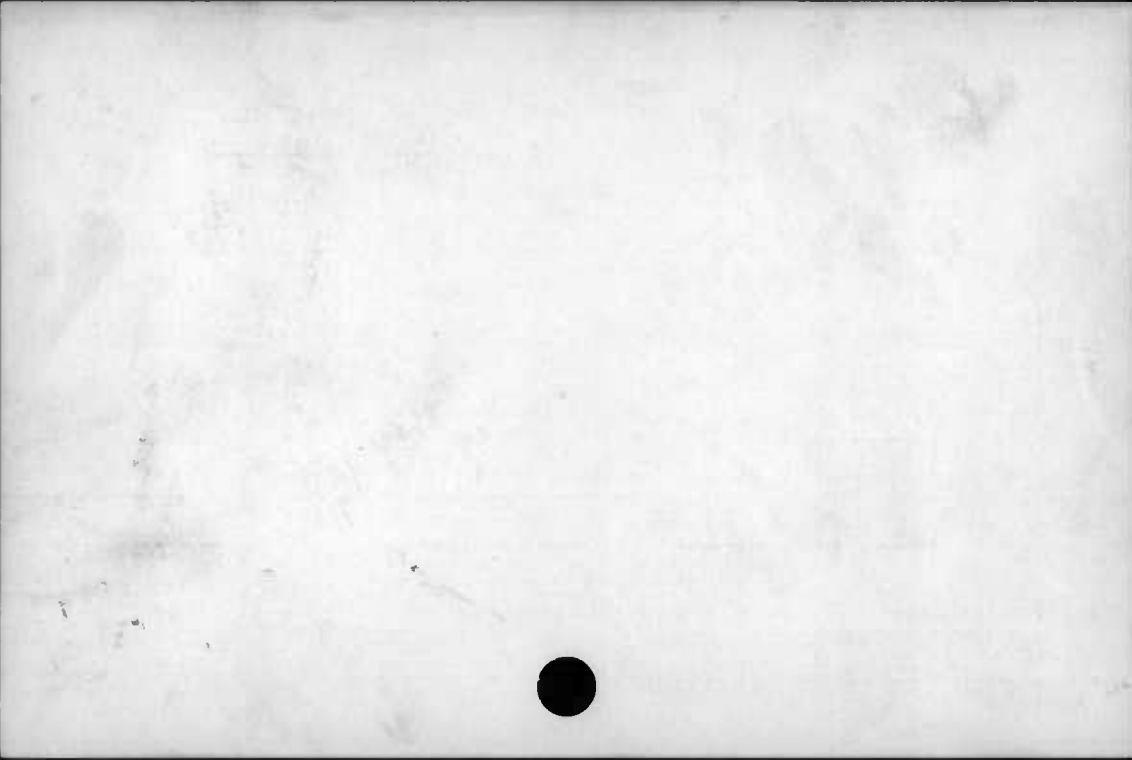
*Glyndon -
Md.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OF CORONER





Name
in
Full

Conrad Burk

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

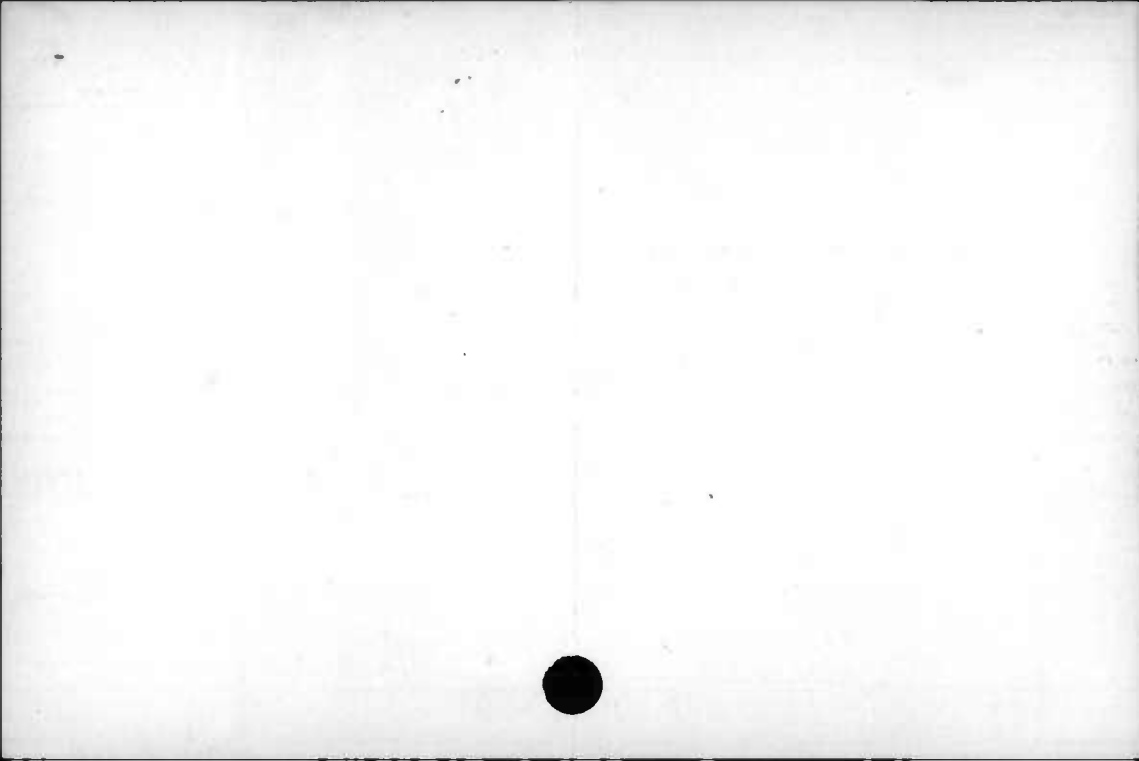
Died at <i>near Lurek Air</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Aug.</i>	Day <i>2nd</i>	Age <i>92</i>	Years <i>92</i>	Months <i>3</i>	Days <i>12</i>	
Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>Germany</i>					
Occupation <i>Retired Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>A. Mary Burk (deceased)</i>						
Father's Name <i>John Burk</i>	Father's Birthplace <i>Germany</i>						
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>						
Name of person giving information <i>Conrad Burk Jr.</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

(106)

PHYSICIAN
OR CORONER

Primary <i>Cholera morbus</i>	How long <i>Five days</i>
Immediate <i>Old age</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John A. Green</i>
	Address <i>Hittings</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lowson</i> Tcwn		County <i>Calver.</i>		MARYLAND	
Date of death	1907	Month	Aug.	Day	18
Age	Years		Months		Days
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Infantry</i>		Birth-place	<i>W.D.</i>	
Where Residing if not at place of death			<i>Lowson</i>		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			<i>John Burton</i>		
Mother's Maiden Name			<i>Clara Schaffer</i>		
Name of person giving information			<i>John Burton</i>		
Father's Birthplace			<i>W.D.</i>		
Mother's Birthplace			<i>W.D.</i>		
How related to deceased			<i>Father</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Enteric Colitis</i>	How long	<i>12 Days</i>
Immediate	<i>Cardiac Asthenia</i>	How long	<i>4 Days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>J. Ray Clinton</i>	
Address		<i>Lowson W.D.</i>	

Accident or Suicide?

John Burns Soule
Towns

Sater's Baptist
Cemetery

Name
in
Full

Maria E. Burton.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Carny</i>		Town		<i>Baltimore</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>Aug.</i>		Day <i>24</i>		Age <i>80</i>		Months <i>no</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Reisterstown, Md.</i>		Years <i>8</i>		Days	
Occupation <i>None</i>		Where Residing if not at place of death <i>Baltimore.</i>							
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Wm. Burton.</i>							
Father's Name <i>Richard Hawk</i>		Father's Birthplace <i>England.</i>							
Mother's Maiden Name <i>Ruby Storm</i>		Mother's Birthplace <i>Hanover, Pa.</i>							
Name of person giving information <i>Miss Looper</i>		How related to deceased <i>Niece</i>							

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary	<i>Indigestion</i>	How long	<i>about 1 day</i>
Immediate	<i>Dysentery</i>	How long	<i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>G. J. Harrison.</i>	
		Address <i>Loock Raven.</i>	
Accident or Suicide?			

Stewart & Mendenhall
Undertakers

Funeral
Parlors

Name
in
Full

Florine B Caltrider

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lake Roland</u> ^{Town}		<u>Balto Co</u> ^{County}		MARYLAND	
Date of death	<u>Aug 1907</u> ^{Month}	<u>2</u> ^{Day}	<u>40</u> ^{Years}	<u>—</u> ^{Months}	<u>12</u> ^{Days}
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Ind</u>
Occupation	<u>House wife</u>		Where Residing at place of death <u>Mt Washington</u>		
Married, Single or Widowed	Name of Wife or Husband <u>John A. Caltrider</u>				
Father's Name	<u>B B Ford</u>		Father's Birthplace	<u>Ind</u>	
Mother's Maiden Name	<u>Mary Ann Hornum</u>		Mother's Birthplace	<u>Hartford Conn</u>	
Name of person giving information	<u>John A. Caltrider</u>			How related to deceased	<u>"Sister"</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Suicide</u>	How long	<u>163</u>
Immediate	<u>Drowning In Lake Roland Balto Co.</u>	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Frederic A. Breen J.P.</u>		
	Address <u>Ackney Coroner</u> <u>Arlington Bates Co Ind</u>		
Accident or Suicide?			

Place of Burial St Marys Hospital

Date Aug. 5 1907

Undertakers Chenoweth & Son
919 3rd Ave Homfiden

Name
in
Full

Isaac Carter Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Catonsville</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>August</i>	Day <i>21</i>	Age <i>6</i>	Months <i>6</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Balto City</i>		
Occupation <i>_____</i>			Where Residing if not at place of death <i>Catonsville Md</i>		
Married, Single or Widowed <i>_____</i>		Name of Wife or Husband <i>_____</i>			
Father's Name <i>Isaac Carter</i>			Father's Birthplace <i>Howard Co</i>		
Mother's Maiden Name <i>Francis Strawlers</i>			Mother's Birthplace <i>Pa</i>		
Name of person giving information <i>Isaac Carter</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

105

PHYSICIAN
FOR CORONER

Primary	<i>Chronic Tho Colitis</i>	How long	<i>5 weeks</i>
Immediate	<i>asthenia</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Marshall B West</i>	
		Address <i>Catonsville Md</i>	
Accident or Suicide? <i>_____</i>			



Name
in
Full

CERTIFICATE OF DEATH

Grant Cameron

Town

County

Died at

Balt., Co. Alms house

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1907

8

16

Age

42

Sex

Male

Color or
Race

White

Birth-
place

Ellicott City Md

Occupation

Plaster

Where Residing if not
at place of death

Alms house

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Don't know

Father's
Birthplace

Don't know

Mother's
Maiden Name

Don't know

Mother's
Birthplace

Don't know

Name of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Pulmonary & Intes-
tinal Tuberculosis

How long

came to In-
stitution Sick

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Dr. T. B. Bussey

Address

Tutaw

Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1

Mrs A Easton & Sons.

remove this body to 851 Linden Ave

Name
is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Aug.	5 th	55		2	12
Sex	Color or Race	Birth-place					
Male	White	Balto. Co. Md.					
Occupation	Where Residing if not at place of death						
Janitor		Arlington					
Married, Single or Widowed	Name or Wife or Husband						
Married	Mary Euelina Chalk						
Father's Name	Father's Birthplace						
John Chalk	Md.						
Mother's Maiden Name	Mother's Birthplace						
Rachel Parrish	Md.						
Name of person giving information	How related to deceased						
Margaret Sowers	Mother-in-law						

CAUSES OF DEATH

56

PHYSICIAN
OR CORONER

Primary	Chronic Alcoholism	How long	10 yrs. at least
Immediate	Heart failure	How long	immediate
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician or Coroner	
yes		H. Holliday Emich	
		Address	
		Arlington, Md.	
Accident or Suicide?			

Jacob H. Knap

Baltimore Cemetery.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Pikesville</i>		County <i>Baltimore</i>		MARYLAND	
Date of death		Year <i>1907</i>	Month <i>August</i>	Day <i>7</i>	Age <i>52</i>	Years	Months Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>at the place he died</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mrs Mary Chaney</i>					
Father's Name <i>E. T. Chaney</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Mary Chaney</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Wm H Davis</i>		How related to deceased <i>none</i>					

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>Apoplexia</i>	How long	—
Immediate		How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Wm L Morgan Md</i>	
<i>yes</i>		Address <i>202 W Franklin st</i>	
Accident or Suicide?			

Arvid Ridge

Aug 9, 1907

Wm E Chenoweth & Son

#9193rd Ave Hampden

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Joseph Cherry</i>		Town <i>Sparrows Point</i>		County <i>Balto.</i>		MARYLAND	
Died at <i>Home</i>		Month <i>Aug</i>		Day <i>25</i>		Years <i>16</i>	
Date of death <i>1907</i>		Months <i>5</i>		Days <i>3</i>			
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Balto.</i>			
Occupation <i>mess boy</i>		Where Residing if not at place of death <i>Balto.</i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Jos. Cherry</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Katie Bonestock</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Katie Cherry</i>		How related to deceased <i>sister</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

How long

How long

172

Jos Blaw (Coroner)
Sparrows Point
md

accident

M. F. ŠADOWSKI,

Holy Rosary.

Name

in
Full

CERTIFICATE OF DEATH

Peter Clancy

Died at *Fort Howard*

Town

Balto.

County

MARYLAND

Date

of death *1907*

Month

Aug

Day

29

Age

Years

44

Months

9

Days

3

Sex

*Male*Color or
Race*White*Birth-
place*Galway, Ireland.*

Occupation

*Soldier*Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Matthew Clancy*Father's
Birthplace*Ireland*Mother's
Maiden Name*Hannah Dunn*Mother's
Birthplace*Ireland*Name of person giving
information*Matthew Clancy*How related
to deceased*Father*

CAUSES OF DEATH

92

Primary

2-Acute Bronchopneumonia

How long

2 days.

Immediate

Chronic endocarditis

How long

*Unknown*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*C. F. Moore*

Address

*Capt Hadley USA
Fort Howard Pa*

Accident or Suicide?

*No*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER*1*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPernore ~~Blinc~~Died at *St. Helena* ^{Town}County *Baltimore*

MARYLAND

Date of death *1907 Aug. 25*

Age

Years

Months

Days

Sex *Male*Color or
Race*White*Birth-
place*Highfield Md*

Occupation

*None*Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Albert Blinc.*Father's
Birthplace*Pa*Mother's
Maiden Name*Emma Willard*Mother's
Birthplace*Md*Name of person giving
Information*Albert Blinc*How related
to deceased*Father*

CAUSES OF DEATH

1057

Primary

Acute Colitis

How long

2 weeks

Immediate

Meningitis & Exanthema

How long

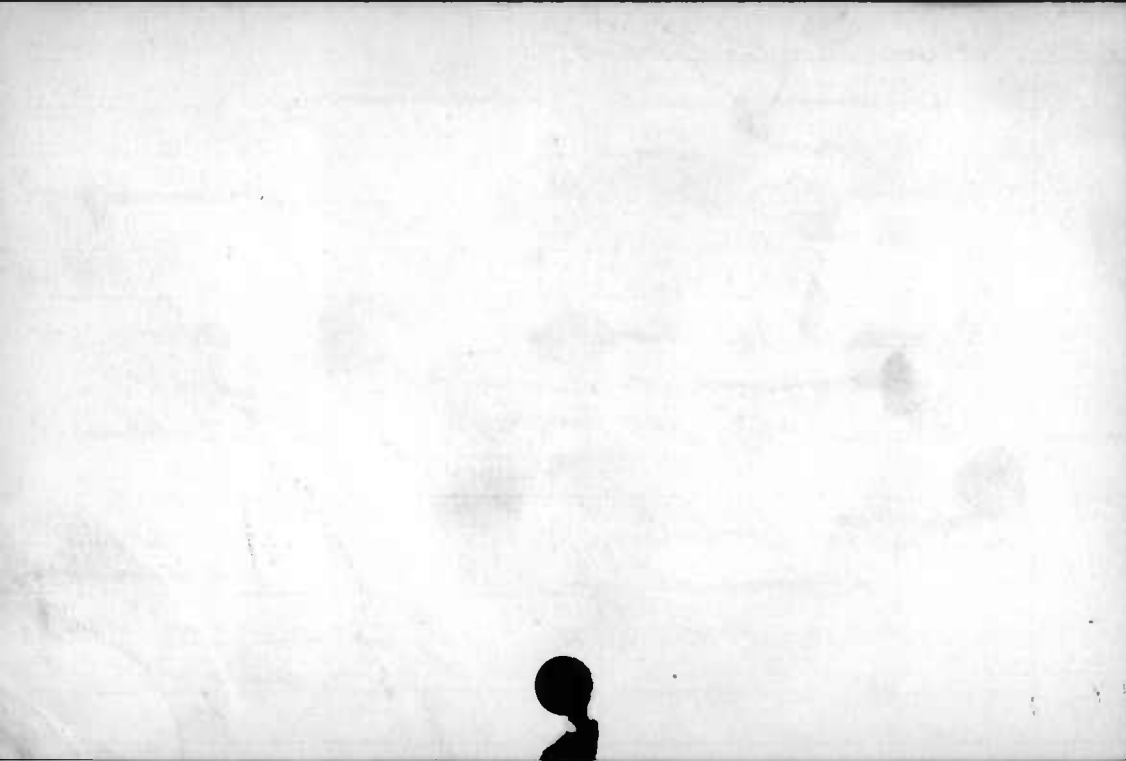
*24 hours*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*F. L. Eldred MD*

Address

*Spencer's Point
Md*

Accident or Suicide?

PHYSICIAN
OR CORONER*1*



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

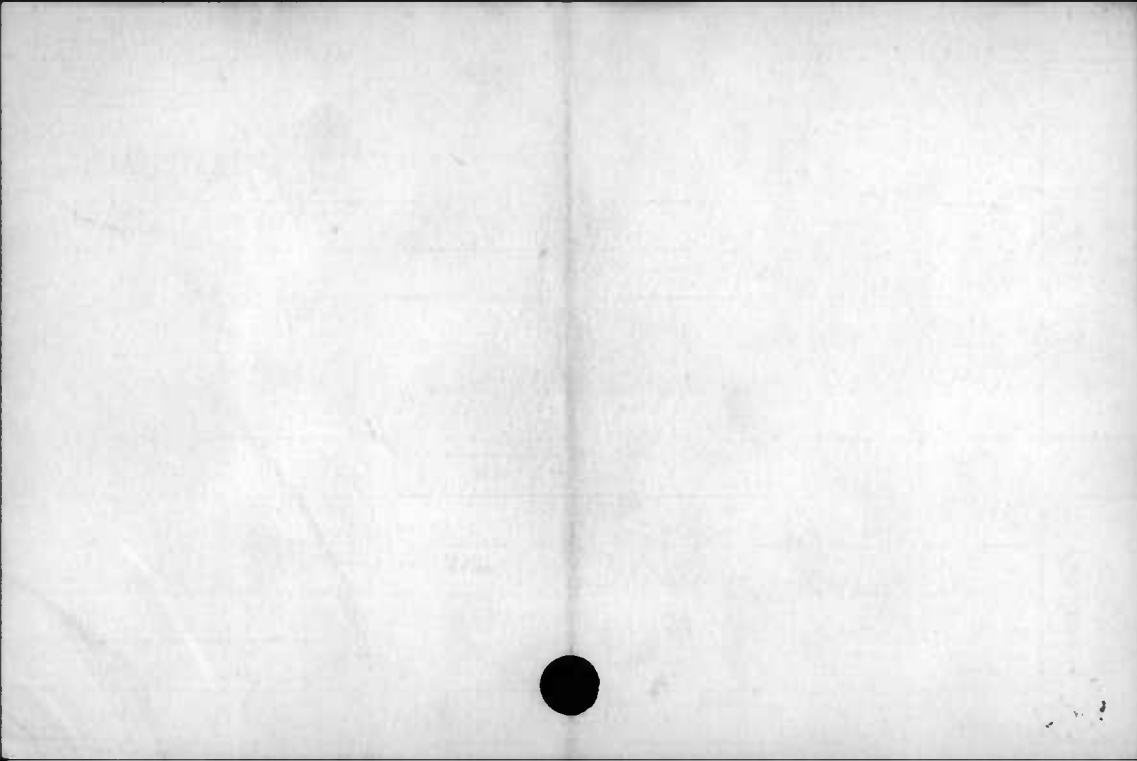
Died at <i>Spenn's Point</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	Month <i>Aug.</i>	Day <i>22</i>	Years	Months <i>10</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Spenn's Point</i>		
Occupation <i>Man</i>			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Robert M. Culbert</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Catherine C. Kering</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Robert M. Culbert</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Ileo Colitis</i>	How long	<i>4 months</i>
Immediate	<i>Exhaustion</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>F. C. Eldred M.D.</i>	
		Address <i>Spenn's Point</i>	
Accident or Suicide?		<i>Ind</i>	



Name
in
Full

Martha Florence Viola Cole

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Butler</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death	1907	Month	Aug	Day	31
Sex	Female	Color or Race	White	Age	Years 3 Months 12
Occupation	—		Birth-place	Butler	
Where Residing if not at place of death			—		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Shadrack W. Cole		Father's Birthplace	
Mother's Maiden Name		Julia A Brown		Mother's Birthplace	
Name of person giving information		Shadrack W. Cole		How related to deceased	
				Grandfather	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

1

Primary	Marasmus	How long	105	4 weeks
Immediate	Cholera Infantum	How long		3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
yes		Address		
		J H Sherman M.D.		
		Manchester Mo		
Accident or Suicide?				

Interments at

Int. Carmel Cem.

Sep 4th

W. C. Burrows

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDGeorge Washington Cooper
near ^{Town} White Hall ^{County} Balto Co.

MARYLAND

Date of death 1907 Aug. 28 Age X Months 5 Days 21

Sex Male Color or Race White Birth place near White Hall

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed ☒ Single

Name of Wife or Husband _____

Father's Name Henry Cooper

Father's Birthplace Balto Co.

Mother's Maiden Name Rachel A. May

Mother's Birthplace Balto Co

Name of person giving information Mother

How related to deceased Mother

CAUSES OF DEATH

105

Primary Cholera Infantum

How long 10 days

Immediate " "

How long 10 days

Are the name, age, sex, color, date and place correctly given above?

Yes

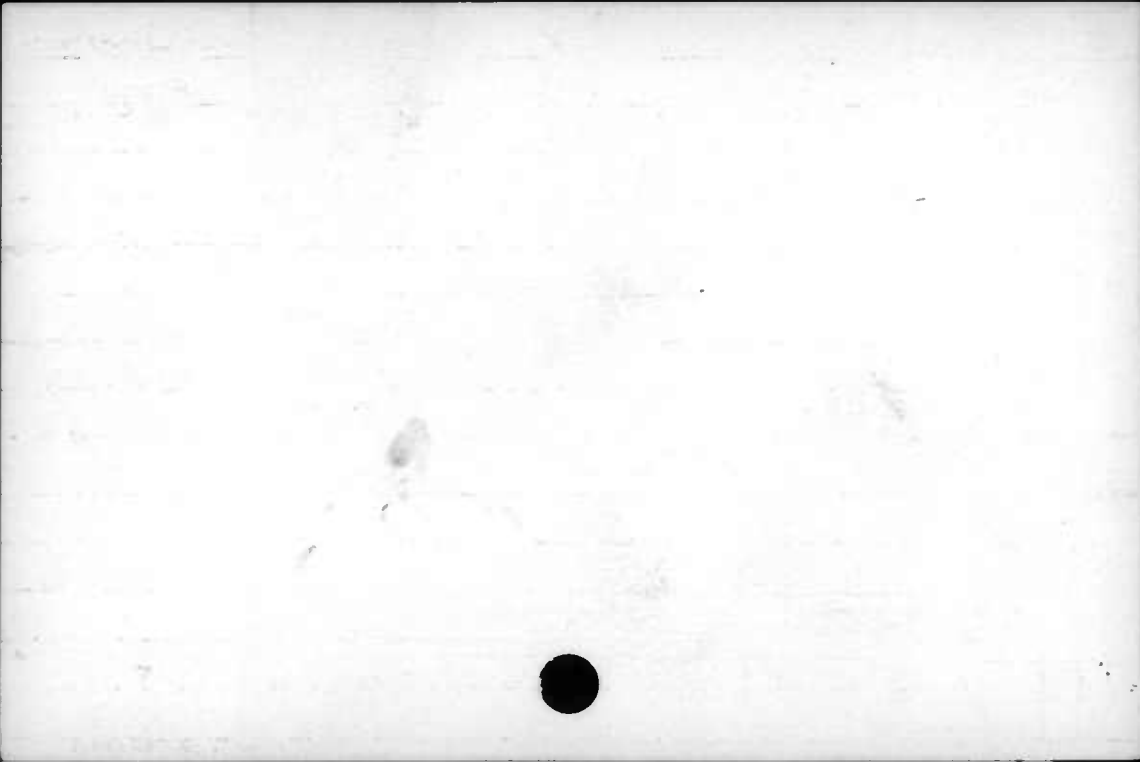
Signature of Physician

S. W. Hunter M.D.

Address

Whiteburg
Balto Co Mo.Accident or Suicide? ☒ NoPHYSICIAN
OR CORONER

1



Name
in
Full

Sarah F. Cooper

CERTIFICATE OF DEATH

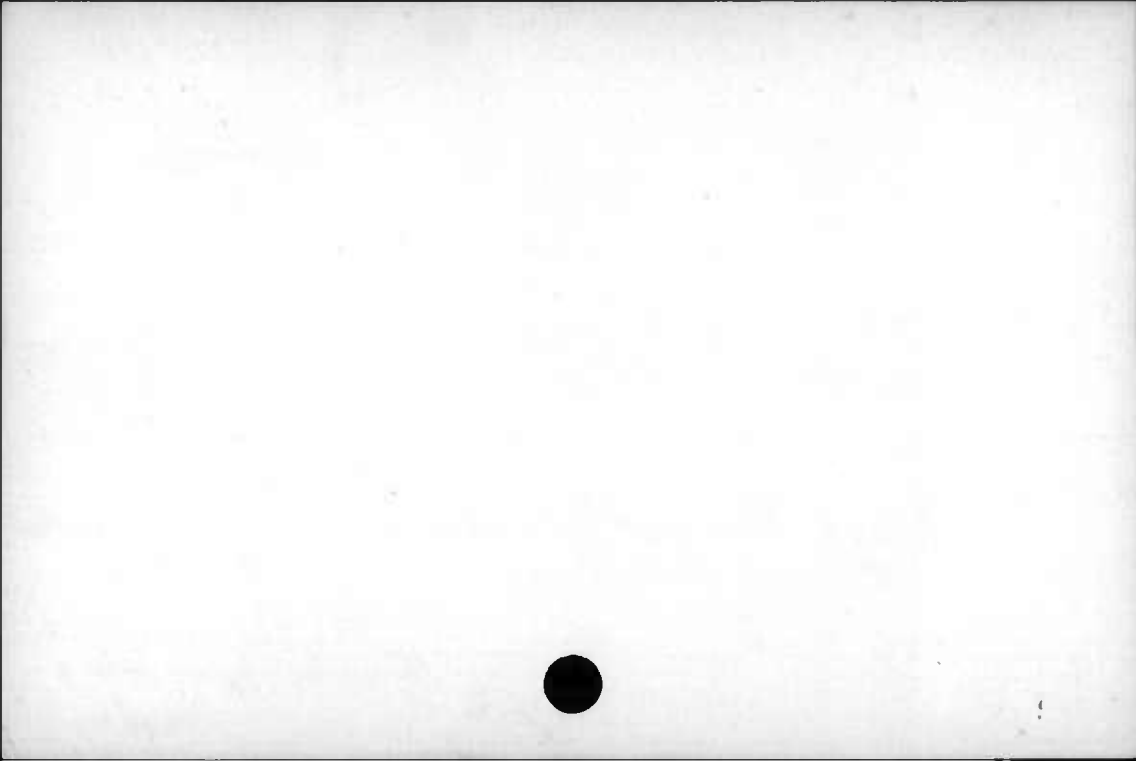
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Hope Retreat</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death	1907	Month	Aug	Day	17th	Years	27 yrs
Sex	Female		Color or Race	White		Birth-place	Pa.
Occupation	none		Where Residing if not at place of death		Montgomery Ala.		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	not known		Father's Birthplace		not known		
Mother's Maiden Name	" "		Mother's Birthplace		" "		
Name of person giving information	Reed, Mt Hope		How related to deceased		not at all		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Malancholia</i>	(68)	How long	<i>over 4 yrs.</i>
Immediate	<i>Ex -</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
<i>yes</i>		<i>Frank J. Flannery</i>		
Address		<i>Mt Hope Retreat</i>		
Accident or Suicide?		<i>Mt Hope Md.</i>		



Name
in
Full

Jennie K. Copenhagen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

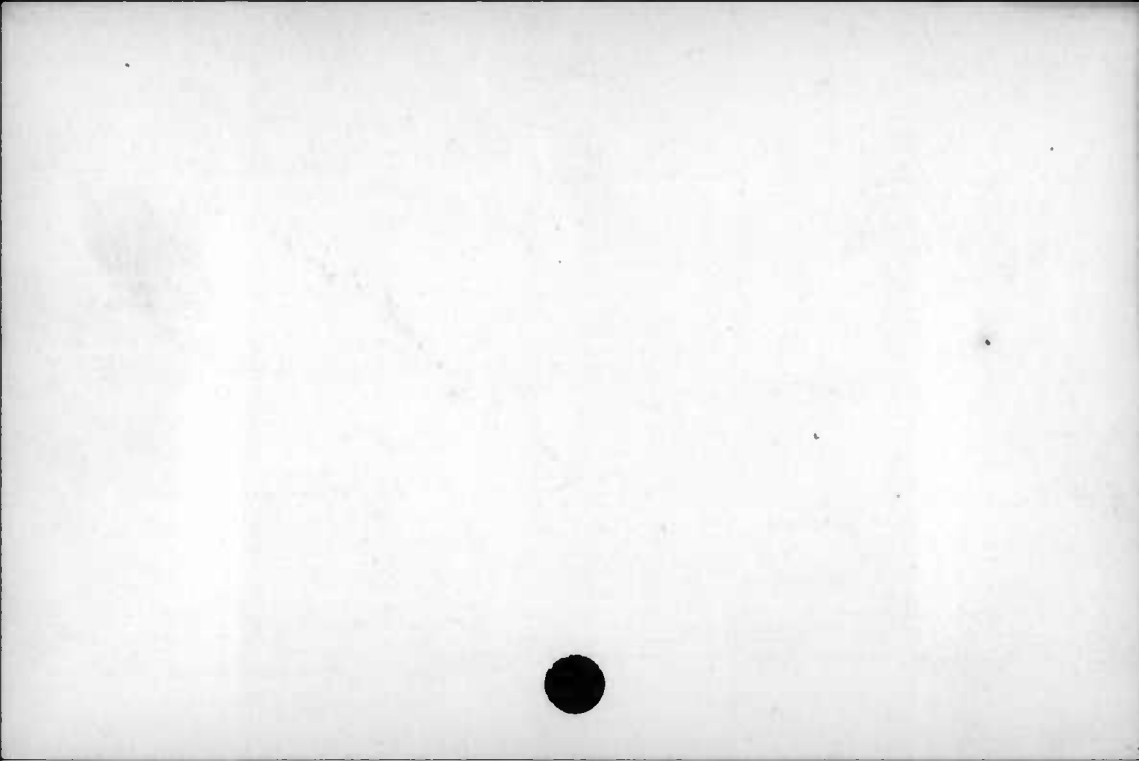
Died at <i>near Freeland</i>			Town <i>Baltimore</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Date of death	<i>1907</i>	Month <i>August</i>	Day <i>28</i>	Age	<i>5-3</i>	Years	Months	Days
Sex	<i>Female</i>		Color or Race	<i>white</i>		Birth-place	<i>Baltimore County Maryland</i>	
Occupation	<i>Housewife</i>			Where Residing if not at place of death				
Married, Single or Widowed	<i>married</i>			Name of Wife or Husband <i>John H. Copenhagen</i>				
Father's Name	<i>William Buckingham</i>					Father's Birthplace	<i>unknown</i>	
Mother's Maiden Name	<i>Lydia A. King</i>					Mother's Birthplace	<i>Baltimore County Maryland</i>	
Name of person giving information	<i>John H. Copenhagen</i>					How related to deceased	<i>Husband</i>	

CAUSES OF DEATH

74

PHYSICIAN
OR CORONER

Primary	<i>Arterio Sclerosis + Inflammation</i>	How long	<i>Six months</i>
Immediate	<i>Heart Failure</i>	How long	<i>24 hrs</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>D. M. R. S. M. D.</i>
<i>Yes</i>		Address	<i>Buckleysville, Ind.</i>
<input checked="" type="checkbox"/> Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Hillary P. Coe

Town

Orangeville

County

Baltimore

MARYLAND

Died at

Date

of death 1907

Month

Aug

Day

7

Age

Years

40

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Machinist-Helper

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Joseph Coe

Father's
Birthplace

New Jersey

Mother's
Maiden Name

Betty Williams

Mother's
Birthplace

Maryland

Name of person giving
In formation

Miss Jennie Bartlett

How related
to deceased

Aunt

CAUSES OF DEATH

Primary

Typhoid Fever

How long

Four weeks

Immediate

Cardiac Failure

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Frederick P. Coe M.D.

Address

2527 St. Calvert St -

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
CORONER

London Park
H. Sander ~~Worce~~

In Stralones Green
2827 N. Calvert St
5-7

Name
in
Full

CERTIFICATE OF DEATH

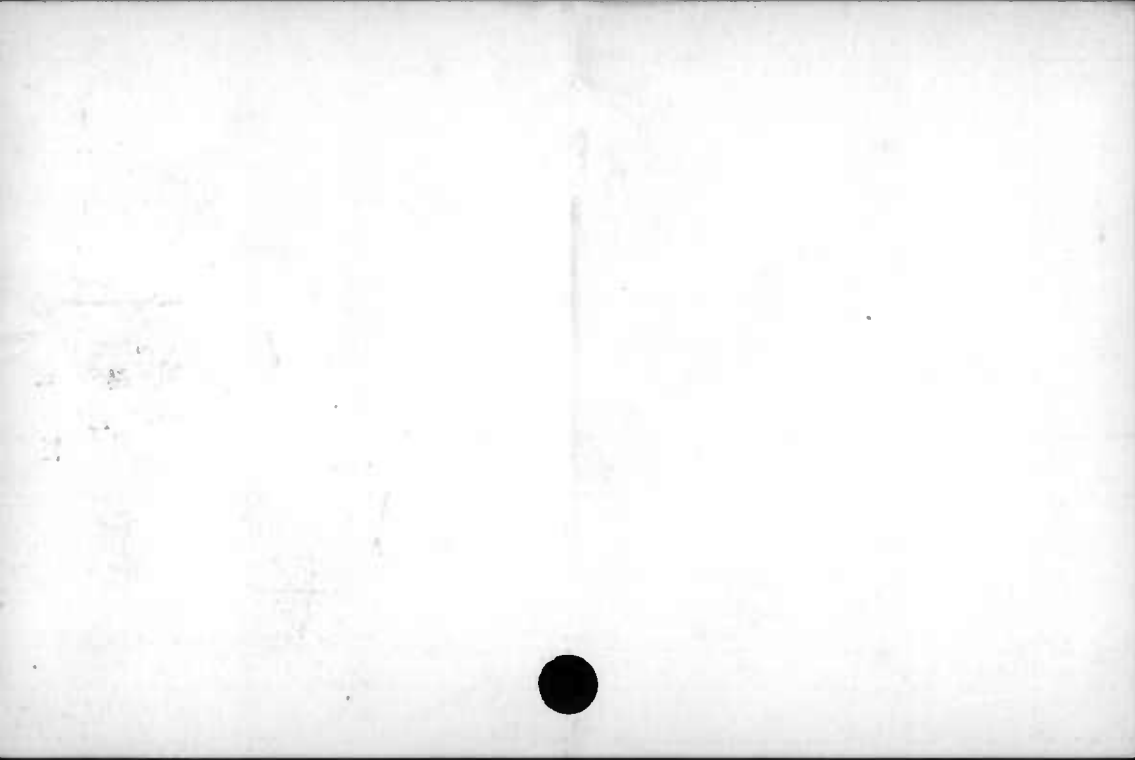
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gitting, Md</i>		<i>Balto.</i>		MARYLAND	
Date of death	Month	Day	Age	Years	Months
<i>1907</i>	<i>August</i>	<i>1</i>			<i>5</i>
Sex	Color or Race	Birth-place			
<i>male</i>	<i>white</i>	<i>Gitting, Md</i>			
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
<i>Henry Crilly</i>			<i>Md.</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>Rose Cummings</i>			<i>Md</i>		
Name of person giving information			How related to deceased		
<i>Henry Crilly</i>			<i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>14</i>	How long	<i>Two weeks</i>
Immediate	<i>"</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>John A. Screen</i>	
		Address	
		<i>Gitting</i>	
Accident or Suicide?			



Name
in
Full

Russell Cullison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

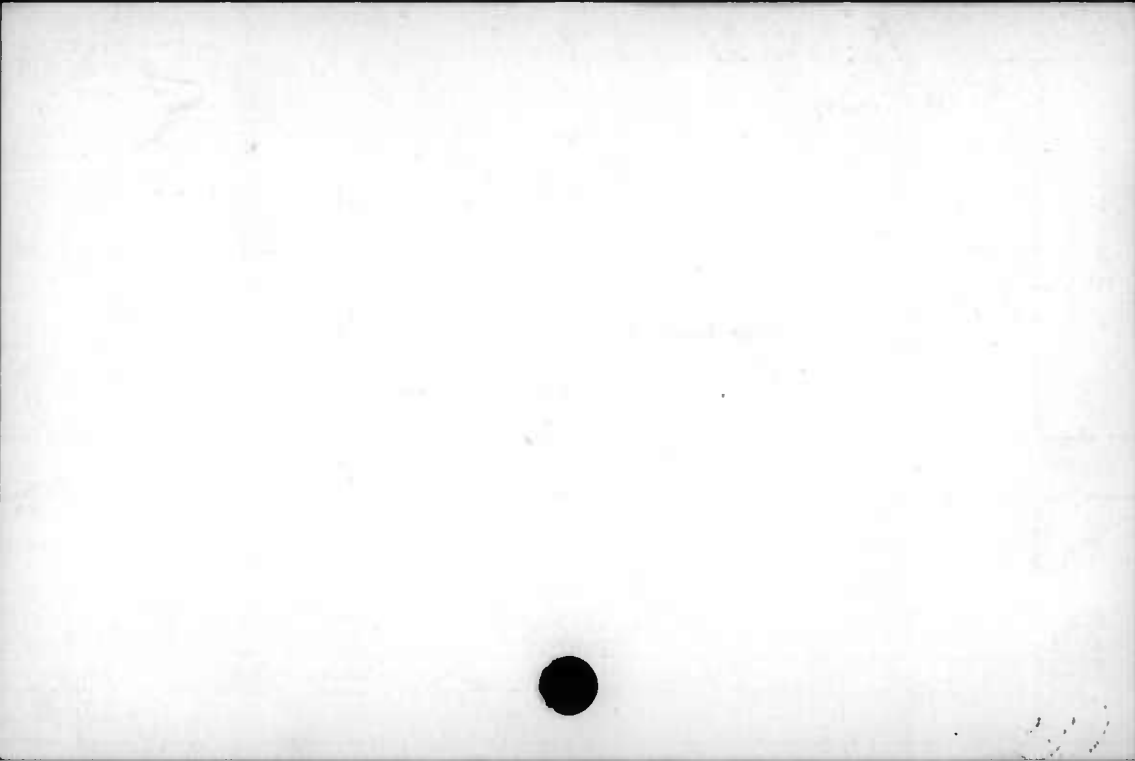
Died at		Town <i>Trinton</i>		County <i>Ball</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		8	15			6	
Sex		Color or Race		Birth-place			
male		white		Md			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
<i>Jesse Haffner Cullison</i>				Md			
Mother's Maiden Name				Mother's Birthplace			
<i>Edith Shaffer</i>				Md			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

105-

PHYSICIAN
OR CORONER

Primary		How long	
Immediate		How long	
<i>Cholera Infantum</i>		1 day	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		<i>Joett Wilson</i>	
		Address	
		<i>Fowlesburg Md</i>	
Accident or Suicide?			



Name
in
Full

Clara Bathamie Deaver

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Highlandtown ^{County} BaltimoreDate of death 1907 ^{Month} Aug. ^{Day} 28 ^{Years} — ^{Months} 9 ^{Days} —

Sex Female. Color or Race White Birth-place Baltimore Md.

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Wm. Deaver.

Father's Birthplace Md

Mother's Maiden Name Maggie Rover.

Mother's Birthplace Md

Name of person giving information Mrs. Maggie Deaver

How related to deceased Mother

CAUSES OF DEATH

105

Primary

How long

Immediate Summer Complaint

How long 4 days

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician David A. Thompson

Address 1570 Highland Ave,
Baltimore Md.

Accident or Suicide?

Pleasant Hill Cemetery

Wernigdon

8/29/07

Name
in
Full

James Dericks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Roslyn</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>8</i>	Day <i>27</i>	Age <i>25</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Balt. Co.</i>		
Occupation <i>Laborer</i>			Where Residing if not at place of death <i>Roslyn</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Ida Dericks</i>			
Father's Name <i>James Dericks</i>		Father's Birthplace <i>Balt. Co.</i>			
Mother's Maiden Name <i>Louise Dorsey</i>		Mother's Birthplace <i>Balt. Co.</i>			
Name of person giving information <i>Ida Dericks</i>		How related to deceased <i>Wife</i>			

CAUSES OF DEATH

142

PHYSICIAN
OR CORONER

Primary <i>Lung with Inflammation</i>	How long <i>2 weeks</i>
Immediate <i>Gangrene & Exhaustion</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. B. Boyd</i>
	Address <i>Arlington</i>
Accident or Suicide?	

At Union Cemetery
Baltimore, Co.,

Name
in
Full

A. LeWit-

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Near} <i>Harmon Point</i> ^{Town}		<i>Matto</i> ^{County}		MARYLAND	
Date of death 1907 ^{Month} <i>Aug</i> ^{Day} <i>25</i>		Age ^{Years} <i>30</i>		^{Months} <i>0</i> ^{Days} <i>0</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Holland</i>	
Occupation <i>Sailor</i>		Where Residing if not at place of death <i>Baltimore</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>C. W. Eaton</i>		How related to deceased <i>None</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

How long

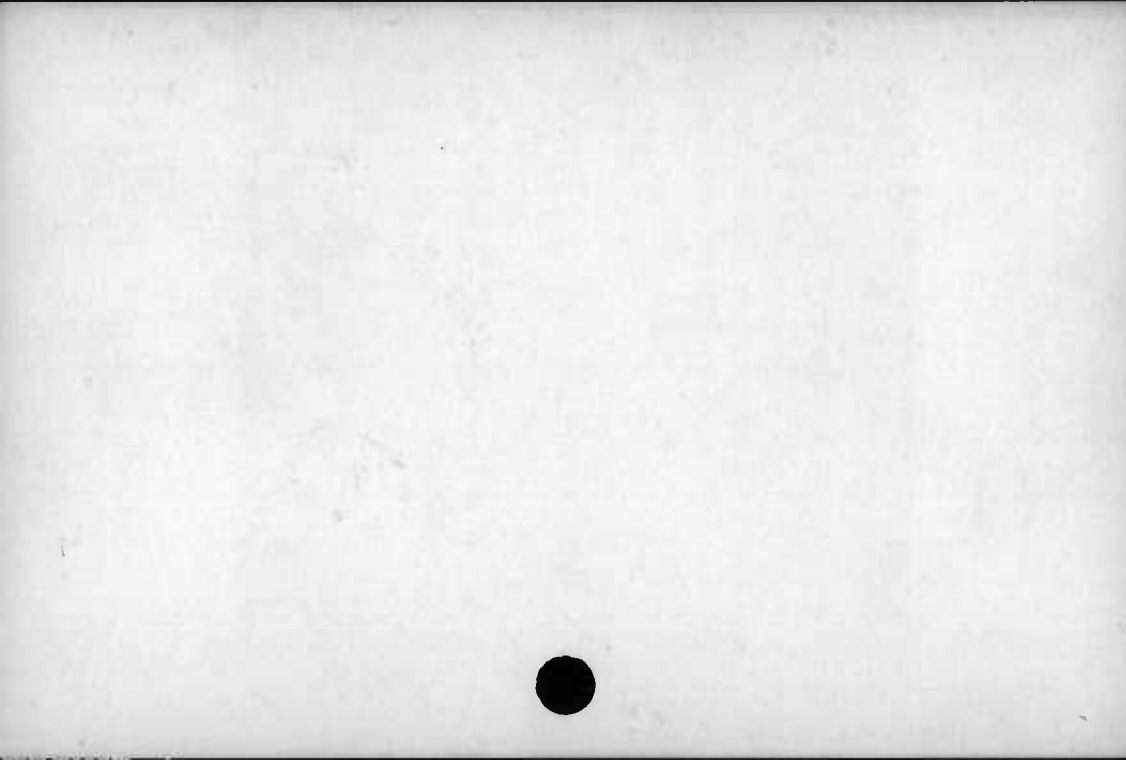
How long

172

Drowning

John Blair (Crown)
Harmon Point Md.

Accident



Name
in
Full

Annie Donohoe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

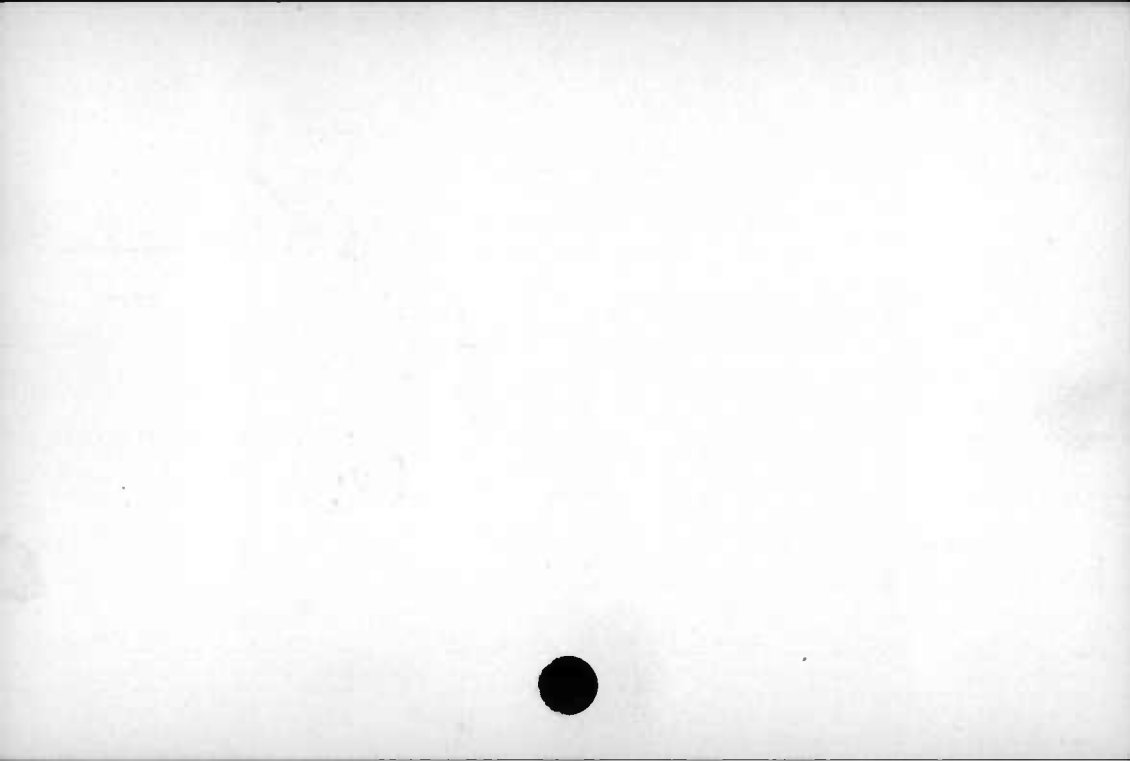
Died at <i>Mt Hope Retreat</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Aug</i>	Day	<i>4th</i>
Age	<i>52</i>	Years		Months	<i>unknown</i>
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>Ireland</i>
Occupation			Where Residing if not at place of death <i>Phila Pa</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>unknown</i>		
Father's Name	<i>unknown</i>			Father's Birthplace	<i>unknown</i>
Mother's Maiden Name	<i>"</i>			Mother's Birthplace	<i>"</i>
Name of person giving information	<i>Recds Mt Hope</i>			How related to deceased	<i>not at all</i>

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary	<i>Malancholia Chr-</i>	How long	<i>over 5 yrs</i>
Immediate	<i>Ex. Cardiac Syncope</i>	How long	<i>suddenly</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Frank J. Flannery</i>
		Address	<i>Mt Hope Retreat Baltimore Md</i>
Accident or Suicide?	<i>No</i>		



Name
in
Full

CERTIFICATE OF DEATH

Josephine Dugan -

TO BE ANSWERED BY
NEAREST FRIEND

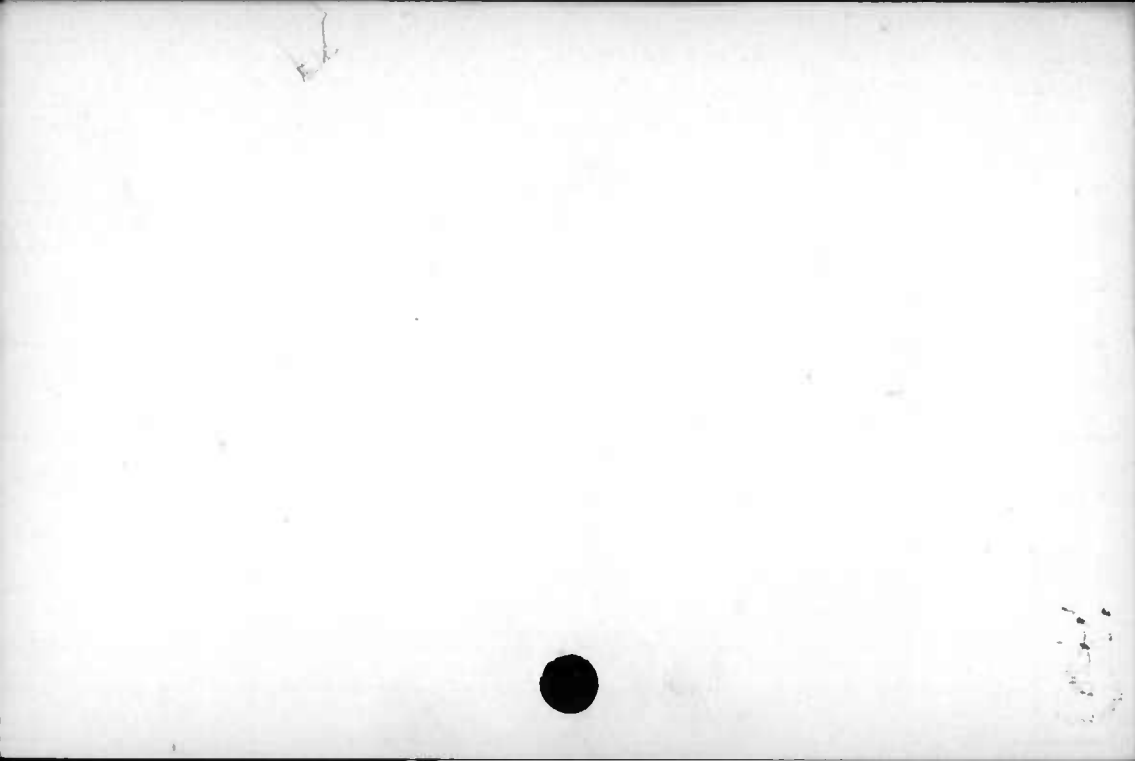
Died at <i>Int Hope Retreat</i> Town <i>Balto</i> County		MARYLAND	
Date of death <i>1907 Aug 16th</i>	Month <i>Aug</i>	Day <i>16th</i>	Years <i>59</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Md -</i>	
Occupation <i>None</i>	Where Residing if not at place of death <i>1422 K St Baltimore</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>Not Known</i>	Father's Birthplace <i>Not Known</i>		
Mother's Maiden Name <i>" "</i>	Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Reeds Int Hope</i>	How related to deceased <i>Not at all -</i>		

CAUSES OF DEATH

(69)

PHYSICIAN
OR CORONER

Primary <i>Mania - Epileptic -</i>	How long <i>over 30 yrs -</i>
Immediate <i>Ex. Status Epilepticus -</i>	How long <i>abt 10 days -</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank J. Flannery M.D.</i>
	Address <i>Int Hope Retreat</i>
Accident or Suicide?	



Name
in
Full

Arthur H. Duncan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gardenville</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>8</i>	Day <i>15</i>	Age <i>—</i>	Years <i>6</i>	Months <i>23</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Gardenville Md</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Wm E. J. Duncan</i>		Father's Birthplace <i>Balto City</i>			
Mother's Maiden Name <i>Catherine Hubbard</i>		Mother's Birthplace <i>Baltimore.</i>			
Name of person giving information <i>Wm E. J. Duncan</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Acute Gastro-Enteritis</i>	How long <i>8 days</i>
Immediate <i>Intestinal Toxaemia</i>	How long <i>2 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. L. Wilkinson</i>
	Address <i>Raspeburg, Md.</i>
Accident or Suicide? <i>Neither.</i>	

Geo. Schilling & Sons.::
Austria Country.

Forstley M Earle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

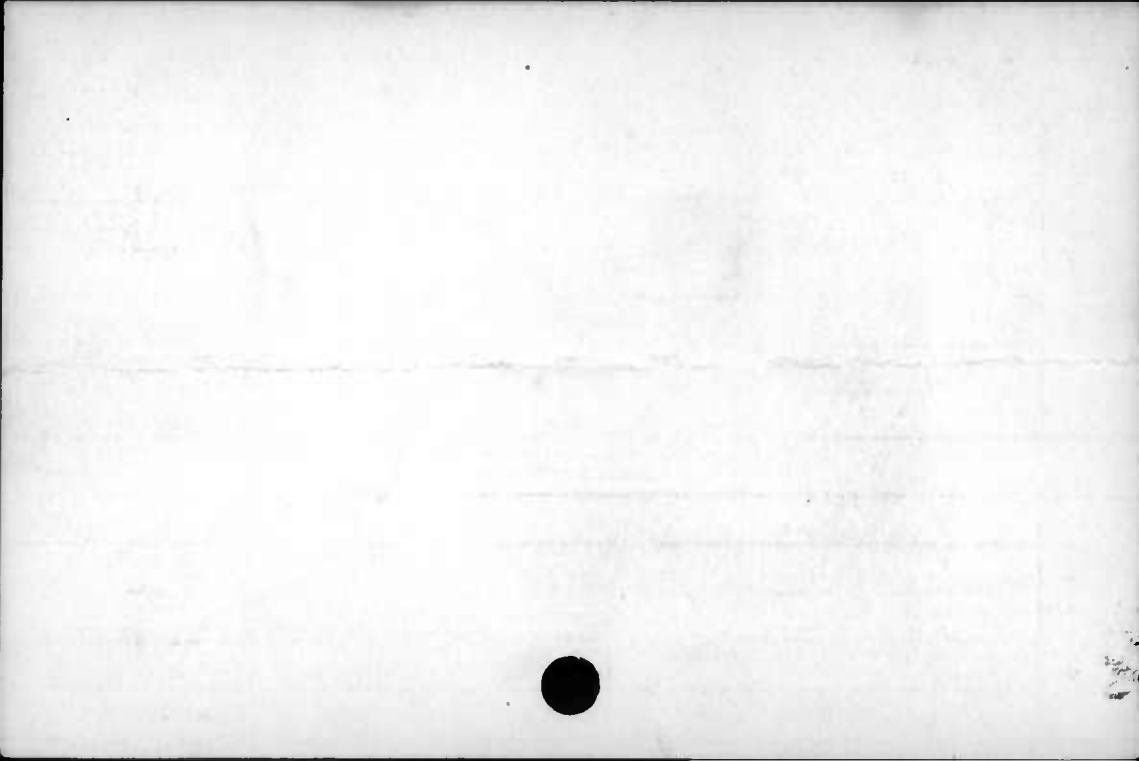
Died at <u>Chase</u> <small>Town</small>		<u>Balto</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u>	<u>Aug</u> <small>Month</small>	<u>39</u> <small>Day</small>	Age <u>—</u> <small>Years</small>	<u>3</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>—</u>			
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>Robert Earle</u>		Father's Birthplace <u>Ind</u>			
Mother's Maiden Name <u>Grace Miller</u>		Mother's Birthplace <u>Ind</u>			
Name of person giving information <u>—</u>		How dated to deceased <u>—</u>			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <u>Insanition</u>	How long <u>1 year</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>G. W. Mason</u>
	Address <u>Prosser</u>
Accident or Suicide?	<u>Ind</u>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>T. B. Ebberts</i>		Town <i>Sparrows Point</i>		County <i>Balto.</i>		MARYLAND	
Died at <i>Sparrows Point</i>		Month <i>Aug</i>		Day <i>25</i>		Age <i>35</i>	
Date of death <i>1907</i>		Months		Days			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Unknown</i>			
Occupation <i>Sailor</i>		Where Residing if not at place of death <i>Baltimore</i>					
Married, Single or Widowed <i>Unknown</i>		Name of Wife or Husband <i>Unknown</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>C. W. Eaton</i>		How related to deceased <i>Niece</i>					

CAUSES OF DEATH

Primary

172

How long

Immediate

Drowning

How long

Are the name, age, sex, color, date and place correctly given above?

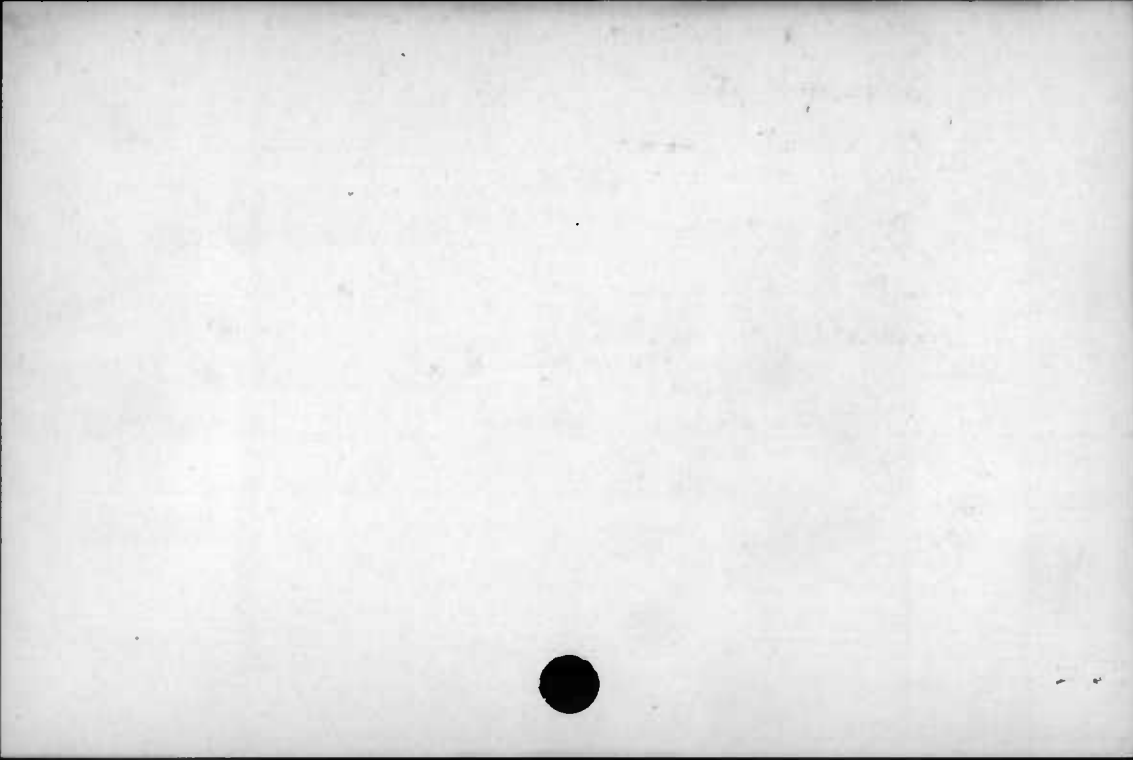
Signature of Physician

Address

Cor Blair (known)
Sparrows Point
Md.

Accident or Suicide?

Accident



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Colgate Creek</i>		<i>Balto</i>		MARYLAND	
Date of death 1907	Month 8	Day 19	Age	Years	Months
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Colgate Creek</i>			
Occupation <i>180</i>	Where Residing if not at place of death <i>Colgate Creek</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>William Edison</i>	Father's Birthplace <i>Ma</i>				
Mother's Maiden Name <i>Sarah Spencer Edison</i>	Mother's Birthplace <i>Ma</i>				
Name of person giving information <i>Annie Neal</i>	How related to deceased <i>Mother in Law</i>				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>2 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. L. P. Shaw</i>
<i>No</i>	Address <i>3 and 400th St. Haverhill</i>
Accident or Suicide?	

Wm D. Jackson
Sherry Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Charles Conrad Ehlen* Town *Harrisville* County *1 Balto Co.* MARYLAND

Died at *Harrisville* 18 *Balto Co.*

Date of death 190 *2* Month *Aug* Day *23* Age *—* Years *8* Months *23* Days

Sex *Male* Color or Race *White* Birth-place *Balto City.*

Married, Single or Widowed *-bely* Occupation *—*

Name of Wife or Husband *—*

Father's Name *Wm. B. Ehlen* Father's Birthplace *1 Balto*

Mother's Maiden Name *Clara Smith* Mother's Birthplace *1 Balto*

Name of person giving information *Harry W. Ehlen* How related to deceased *—*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary *Cholera Infantum* How long *10 days*

Immediate *—* How long *—*

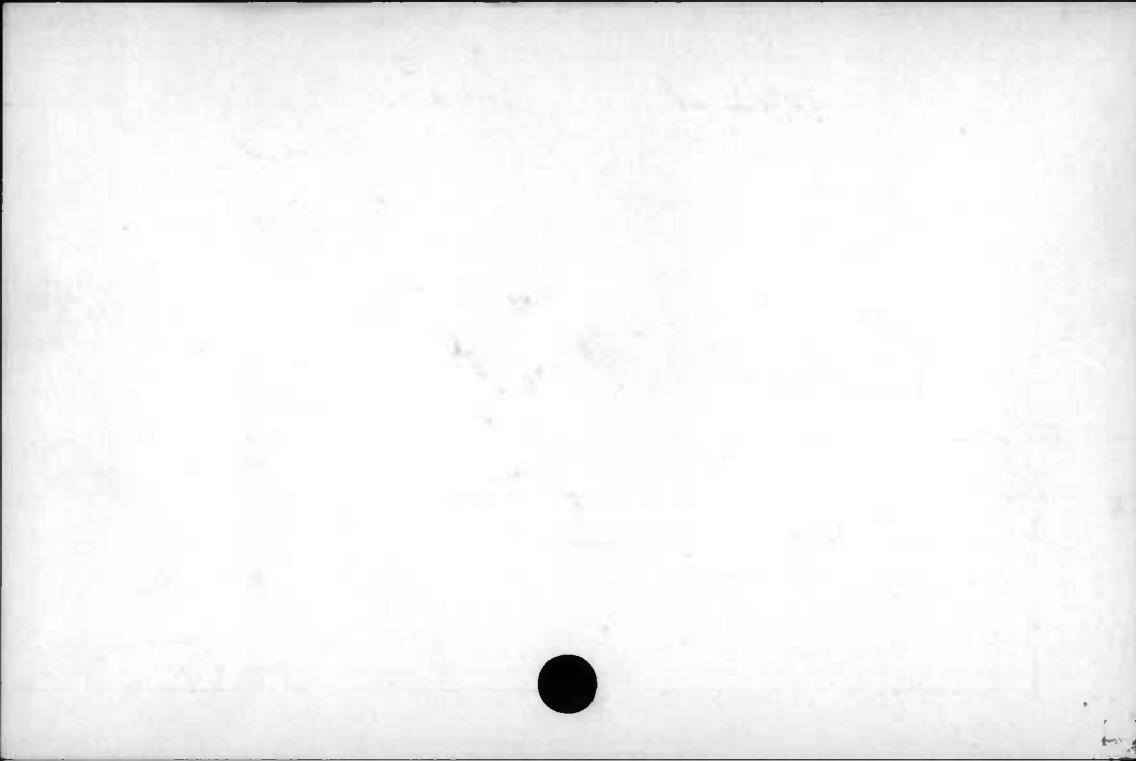
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Chas. H. Eiberg M.D.*

Address *1113 Madison Ave*

13 Baltimore Ind

Accident or Suicide? *—*



Name
in
Full

Zelda Ensey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

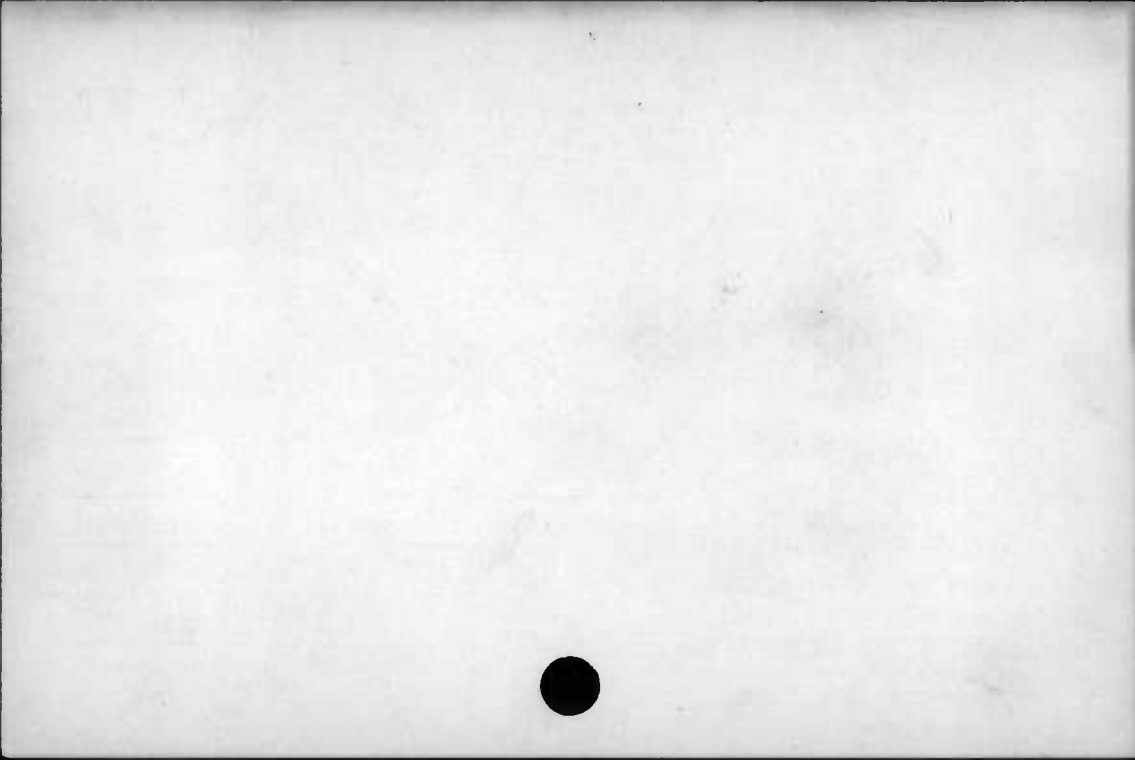
Died at <i>Hebville</i> <small>Town</small>		<i>Balto</i> <small>County</small>		MARYLAND	
Date of death <i>1907 Aug 12</i>		Age <i>1</i>		Months <i>3</i>	Days <i>7</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place			
Occupation <i>—</i>	Where Residing if not at place of death <i>Hebville</i>				
Married, Single or Widowed <i>—</i>	Name of Wife or Husband				
Father's Name <i>Marion Ensey</i>	Father's Birthplace <i>Balto Md</i>				
Mother's Maiden Name <i>Annies Jones</i>	Mother's Birthplace <i>Balto Md</i>				
Name of person giving information <i>Marion Ensey</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Gastro-Enteric Infection</i>	How long <i>One week</i>
Immediate <i>Transition</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A.C. Smith M.D.</i>
	Address <i>Woodlawn Sta. Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Irrimah. Feick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick Road, Bechtold</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month <i>Aug</i>	Day <i>5th</i>	Age	<i>18</i>	Months	<i>—</i>
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Baltimore</i>
Occupation	<i>none</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>—</i>				
Father's Name	<i>Henry C. Feick</i>					Father's Birthplace	<i>Germany</i>
Mother's Maiden Name	<i>Amelia C. Morbier</i>					Mother's Birthplace	<i>Baltimore</i>
Name of person giving information	<i>Amelia C. Feick</i>					How related to deceased	<i>Mother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>1 year</i>
Immediate	<i>General Asthenia</i>	How long	<i>30 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Howard W. Jones</i>	
		Address	
		<i>Irvington.</i>	
Accident or Suicide?			



Name
in
Full

Mr. John Trindling

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Roland Park</i>		Town <i>Baltimore</i>		County	
Date of death <i>1907 Aug.</i>		Month <i>2.</i>		Day <i>21</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth place	
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>1100 Columbia Ave.</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Trindling</i>		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information <i>Chas. D. Hagen.</i>		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Accidental.</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Tr. C. Shanks</i>
	Address <i>Coroner</i>
Accident or Suicide?	<i>Roland Park.</i>

A. J. Marshall
3539 Falls Road
57110 Columbia
Ark

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

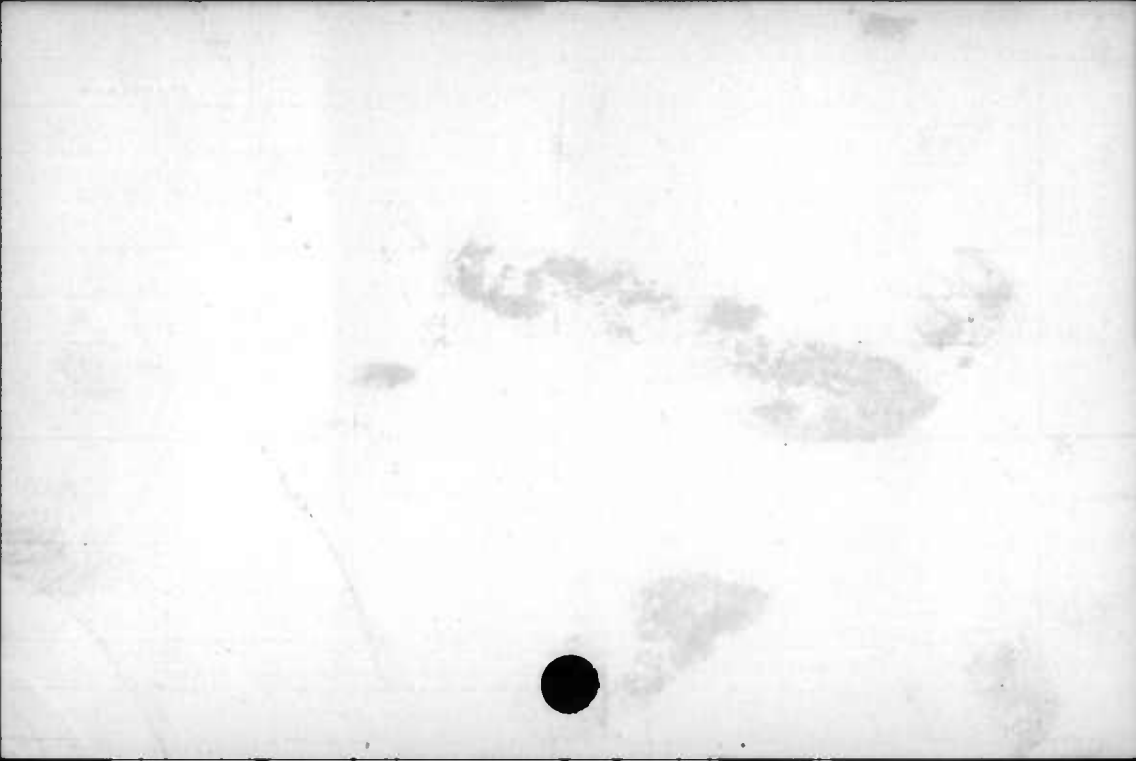
Died at <i>Spencer's Point</i>		Town <i>Buttman</i>		County		MARYLAND	
Date of death	1907	Month	Aug.	Day	15	Age	Years 5 Months 8 Days
Sex	Male	Color or Race	Wegro	Birth-place	Spencer's Point		
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		John Finney				Father's Birthplace	
Mother's Maiden Name		Emma Pittman				Mother's Birthplace	
Name of person giving information		John Finney				How related to deceased	
						Factor	

CAUSES OF DEATH

137

PHYSICIAN
OR CORONER

Primary	<i>Infantile Colic</i>		How long	<i>5 minutes</i>
Immediate	<i>Exhaustion</i>		How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		<i>F. C. Decker</i>		
Address		<i>Spencer's Point</i>		
Accident or Suicide?		No		



Name
in
Full

Amalia Flierl

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Canton</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND		
Date of death	<u>1907</u> <small>Year</small>	<u>Aug.</u> <small>Month</small>	<u>5</u> <small>Day</small>	Age <u>6</u> <small>Years</small>	<u> </u> <small>Months</small>	<u> </u> <small>Days</small>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Md.</u>	
Occupation	<u>None</u>		Where Residing if not at place of death			
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband				
Father's Name	<u>Joseph Flierl</u>			Father's Birthplace	<u>Germany</u>	
Mother's Maiden Name	<u>Amalia Schober</u>			Mother's Birthplace	<u>Germany</u>	
Name of person giving information	<u>Joseph Flierl</u>			How related to deceased	<u>Father</u>	

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary	<u>Scrophulous</u>	How long	<u>Sometimes</u>
Immediate	<u>Capillary Bronchitis</u>	How long	<u>Treated 4 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Frederick Weber M.D.</u>
		Address	<u>1721 Canton av.</u>
Accident or Suicide?			

Sacred Heart Cemetery

Aug. 7th, 1907

Germanus Thane

Under taken

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

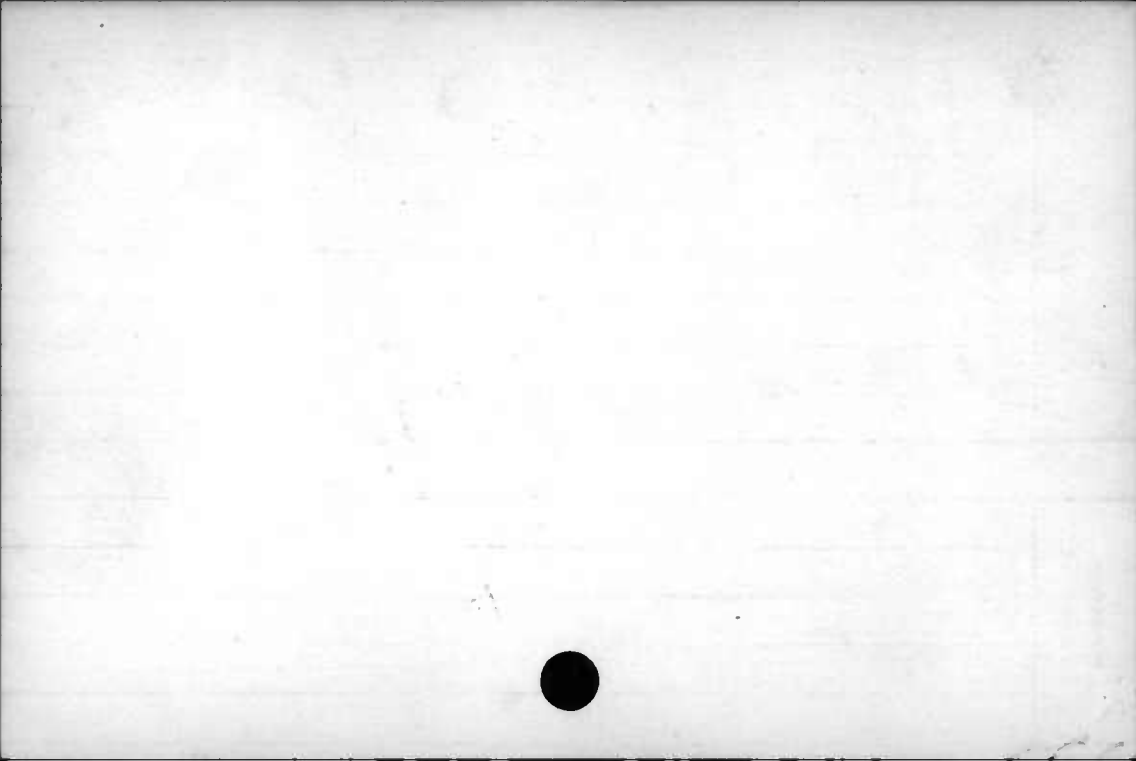
Died at <i>Edgemere</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death 190 <i>4</i>	Month <i>Aug</i>	Day <i>18th</i>	Age <i>32</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>				
Name of Wife or Husband <i>George Freeburger</i>	Father's Name <i>— Hamilton</i>		Father's Birthplace <i>unknown</i>		
Mother's Maiden Name <i>Mary J Fouke</i>	Mother's Birthplace <i> Md</i>				
Name of person giving information <i>William Fouke</i>	How related to deceased <i>Uncle</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>3 mo.</i>
Immediate <i>Exhaustion</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. M. McCormick MD</i>
<i>no</i>	Address <i>Sparrow Point Md.</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Mary E. Freeman

CERTIFICATE OF DEATH

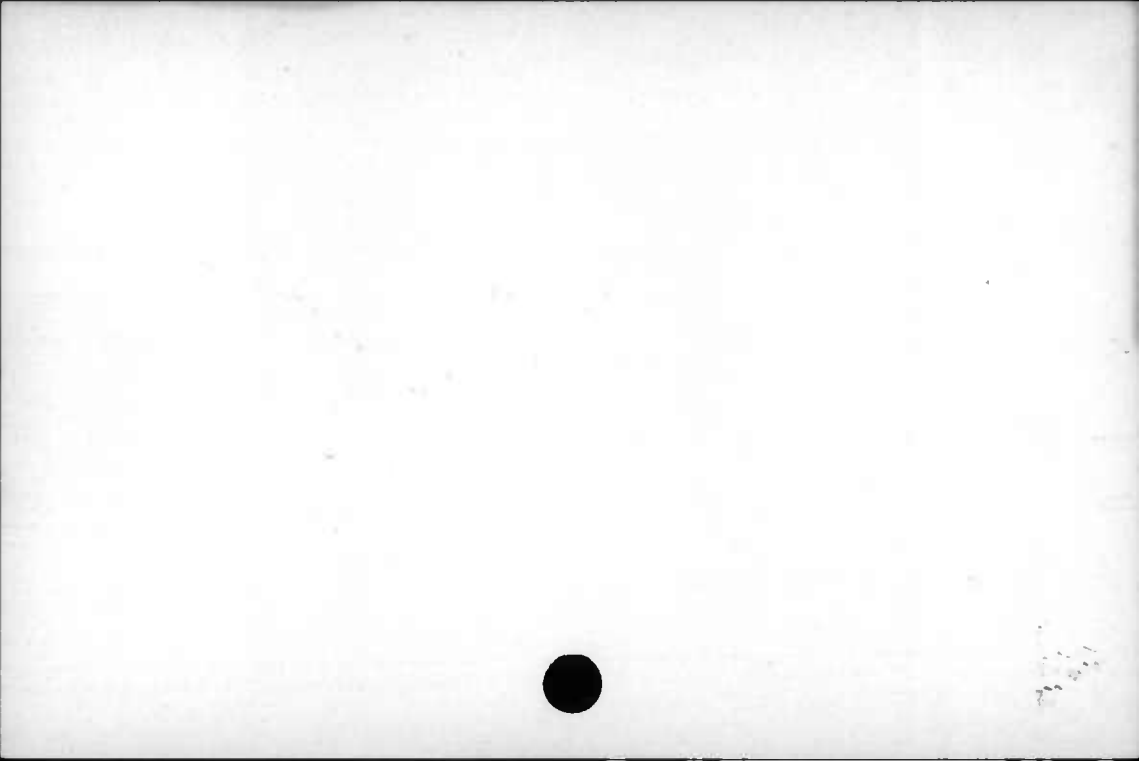
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Hope Retreat</i> ^{Town} <i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>July</i> ^{Month}	<i>9th</i> ^{Day}	<i>60</i> ^{Years}
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Baltimore</i>	
Occupation <i>none</i>	Where Residing if not at place of death <i>Baltimore Md.</i>		
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Not Known</i>		
Father's Name <i>Not Known</i>	Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>unknown</i>	Mother's Birthplace <i>"</i>		
Name of person giving information <i>Reeds Mt Hope Retreat</i>	How related to deceased <i>not at all</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mania Chr.</i>	<i>(68)</i>	How long <i>over one year.</i>
Immediate <i>Ex - Sen. Foxemia - (Enteric)</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank J. Flannery</i>	
	Address <i>Mt Hope Retreat</i>	
	<i>Baltimore Co Md.</i>	
Accident or Suicide? <input checked="" type="checkbox"/>		



Name
In
Full

Eva Corine Fritzy -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Howardville</u> Town			<u>Baltimore</u> County			MARYLAND		
Date of death <u>1907</u>		Month <u>8</u>	Day <u>19</u>	Age <u>7</u>	Years <u>7</u>	Months <u>8</u>	Days <u>—</u>	
Sex <u>Female</u>			Color or Race <u>White</u>			Birth-place <u>Carroll Co. Md.</u>		
Occupation <u>none</u>				Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Single</u>			Name of Wife or Husband <u>—</u>					
Father's Name <u>Harry E. Fritzy</u>						Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Elizabeth Shultz</u>						Mother's Birthplace <u>"</u>		
Name of person giving information <u>Harry E. Fritzy</u>						How related to deceased <u>Father</u>		

CAUSES OF DEATH

104

PHYSICIAN
OF CORONER

Primary <u>Acute Indigestion -</u>	How long <u>15 hours -</u>
Immediate <u>Convulsions + Exhaustion</u>	How long <u>" "</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes -</u>	Signature of Physician <u>Harry A. Naylor</u>
	Address <u>Pikesville</u>
Accident or Suicide? <u>no</u>	<u>yes</u>

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Velent Gadus* *Rumrout* County *Balto* MARYLAND

Died at *7104 Still* Town *Still* County *Balto*

Date of death 1907 *8* Month *2* Day *54* Years *54* Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *Hungary*

Occupation *Farmer* Where Residing if not at place of death *7104 Still*

Married, Single or Widowed *Married* Name of Wife or Husband *Katie Gadus*

Father's Name *Not known* Father's Birthplace *Hungary*

Mother's Maiden Name *" "* Mother's Birthplace *Hungary*

Name of person giving information *John Bajiz* How related to deceased *Son in Law*

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary *Acute Brights Disease* How long *6 weeks*

Immediate *Uraemia* How long *24 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Gar. L. P. Maxfield*

Address *3 and 1/2 South High and Town Hall*

Accident or Suicide? *No*

Frank Cwach

Name
in
Full

CERTIFICATE OF DEATH

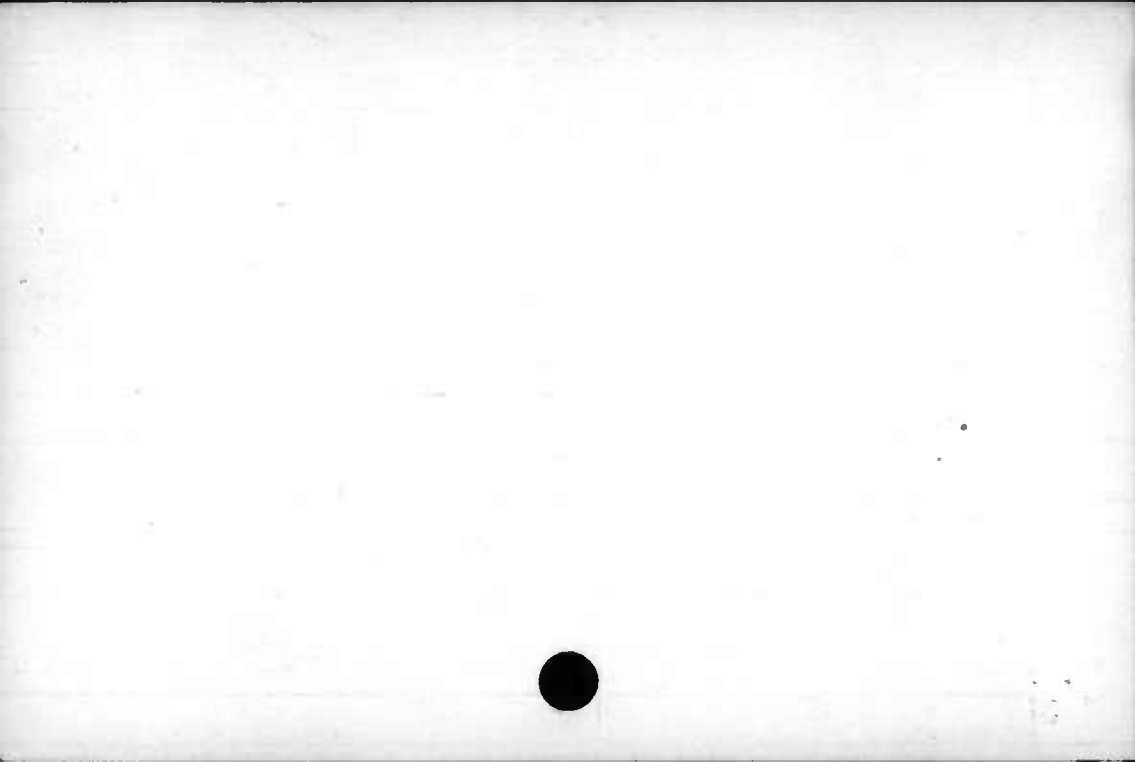
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sparrow Point</i> Town		<i>Baltimore</i> County		MARYLAND		
Date of death 1907	Month <i>Aug</i>	Day <i>28th</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>col.</i>		Birth-place <i>Sparrow Point</i>			
Married, Single or Widowed <i>X</i>			Occupation <i>(S)</i>			
Name of Wife or Husband <i>X</i>						
Father's Name <i>Edward Gibson</i>			Father's Birthplace <i>Va</i>			
Mother's Maiden Name <i>Katie Wilson</i>			Mother's Birthplace <i>Va</i>			
Name of person giving information <i>Katie Gibson</i>			How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still born infant</i>	<i>(S)</i>	How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>G. T. McCormick MD</i>	Address <i>Sparrow Point Md.</i>
Accident or Suicide?	<i>no</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>aug.</i> ^{Month}	<i>23</i> ^{Day}	Age <i>—</i> ^{Years}	<i>10</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Balto. Co.</i>			
Occupation <i>None</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Thomas Gillen</i>	Father's Birthplace <i>Pa.</i>				
Mother's Maiden Name <i>Katie Schullb</i>	Mother's Birthplace <i>Balto Md</i>				
Name of person giving information <i>Thomas Gillen</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary <i>Dysentery</i>	How long <i>4 weeks</i>
Immediate <i>Malarious</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. H. L. Burke</i>
	Address <i>3042 Hudson St</i>
Accident or Suicide?	

Bachmans Cemetery

~~Mount Carmel Cemetery~~

Aug 25th 1907

Germanus Pirance

Name
in
Full

Marie Dolorosa Goeller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Back River</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>Aug</i> ^{Month}	<i>7</i> ^{Day}	Age <i>4</i> ^{Years}	<i>4</i> ^{Months}	<i>18</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Md.</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>_____</i>			
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>_____</i>				
Father's Name <i>Joseph Goeller</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Harriett Smith</i>	Mother's Birthplace <i>Pa.</i>				
Name of person giving information <i>Harriett Goeller</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

105

Primary *Gastro Enteritis*

How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

C. V. Kline
2 Hudson St. Ext.

Accident or Suicide?

PHYSICIAN
OR CORONER
1

Oak Lawn Cemetery.

Aug. 8 th 1907

Germanus Thorne

Anders Petersen

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Edward J. Goldsborough</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Died at <i>Rolapark</i>		City <i>Baltimore</i>		State <i>MARYLAND</i>	
Date of death <i>1907</i>	Month <i>8</i>	Day <i>23</i>	Age <i>40</i>	Years <i>40</i>	Months <i>-</i>
Sex <i>M</i>	Color or Race <i>W</i>		Birthplace <i>Frederick, Md</i>		
Occupation <i>Bookskeeper</i>		Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed		Name of Wife or Husband <i>Lelia Goldsborough</i>			
Father's Name <i>E. J. Goldsborough</i>		Father's Birthplace <i>Frederick, Md</i>			
Mother's Maiden Name <i>Strider</i>		Mother's Birthplace <i>Virginia</i>			
Name of person giving information <i>wife</i>		How related to deceased <i>-</i>			

CAUSES OF DEATH

27

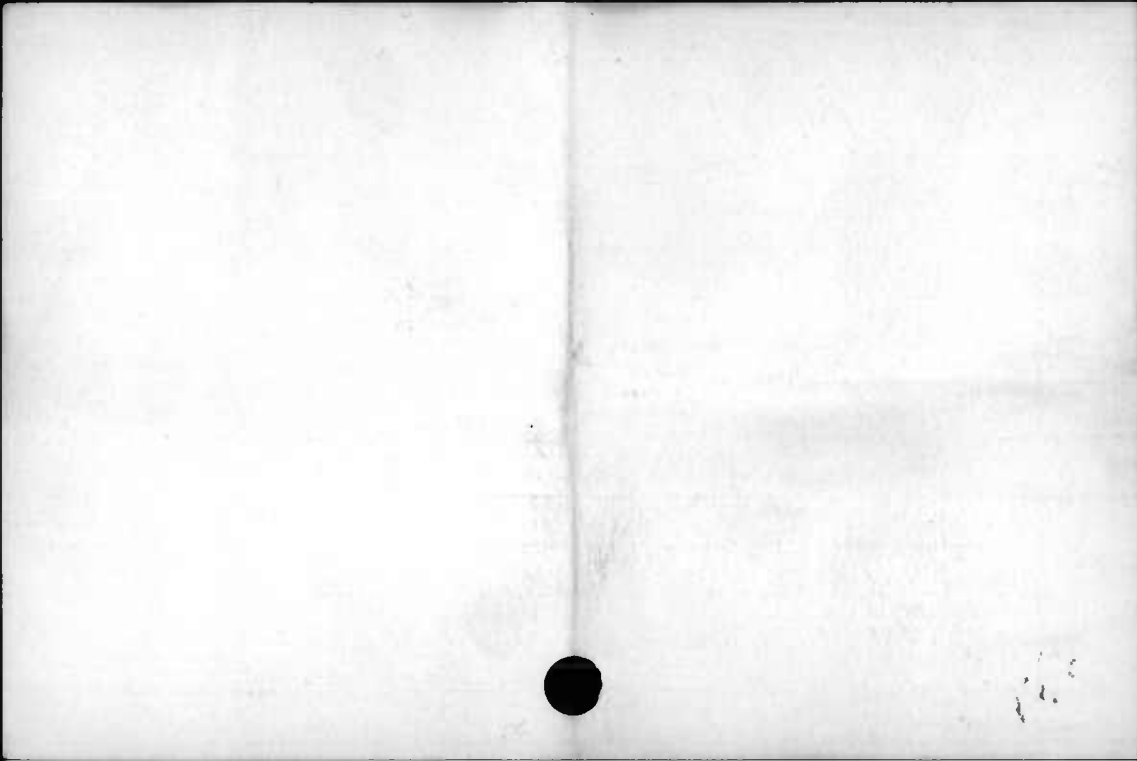
PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>2-3 years</i>
Immediate <i>" Hemorrhage</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Henry J. Bessie, MD</i>
	Address <i>Rolapark Rd</i>
Accident or Suicide?	

Horace Butger
3631 Falls Road

Mt. Olive Cemetery
Frederick, Md

Name in Full		Certificate of Death				
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Frederick</u> Town		County <u>Balto</u>		
		Date of death <u>1907</u> <u>8</u> Month		Day <u>20</u>	Age <u>—</u> Years	Months <u>—</u> Days <u>—</u>
		Sex <u>Male</u>		Color or Race <u>White</u>	Birth-place <u>Frederick</u>	
		Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>		
		Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>		
		Father's Name <u>Spencer Gore</u>		Father's Birthplace <u>Ecklo Md</u>		
Mother's Maiden Name <u>Eritha Hoover</u>		Mother's Birthplace <u>Grave Run Md</u>				
Name of person giving information <u>William Albion</u>		How related to deceased <u>Uncle</u>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary <u>Asphyxia from torsion</u>		How long <u>152</u>		
		Immediate <u>Heart Failure</u>		How long <u>4 hr</u>		
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Dr. Rush</u>		
				Address <u>Bechtelersville Md</u>		
		Accident or Suicide?				



Name
in
Full

Wilfred M. Grace

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Hope Retriat</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>July</i>	Day <i>4th</i>	Age <i>38</i>	Years	Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Pittsburg</i>			
Occupation <i>Salesman</i>		Where Residing if not at place of death <i>Pittsburg</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>unknown</i>					
Father's Name <i>unknown</i>		Father's Birthplace <i>unknown</i>					
Mother's Maiden Name <i>"</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Records Mt Hope Retriat</i>		How related to deceased <i>not at all</i>					

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary <i>Mania Acute</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Frank J. Flannery</i>
	Address <i>Mt Hope Retriat</i> <i>Mt Hope Md.</i>
Accident or Suicide?	

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sharon's Point</i> ^{Town}		<i>Balto.</i> ^{County}		MARYLAND	
Date of death 190	<i>7</i> ^{Month}	<i>Aug.</i> ^{Day}	<i>31</i>	Age ^{Years}	<i>1</i>
Sex <i>Female</i>		Color or Race		Months	<i>5</i>
Married, Single or Widowed <i>Single</i>		Occupation <i>None</i>		Days	<i>20</i>
Name of Wife or Husband		Birth-place			
Father's Name <i>Thomas Green</i>		Father's Birthplace <i>Mich. Del.</i>			
Mother's Maiden Name <i>Myrtle Boshe</i>		Mother's Birthplace <i>Penn.</i>			
Name of person giving information <i>J. W. Green</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantrum</i>	How long	<i>9 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>4-8 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. Woodward M.D.</i>	
		Address <i>Sharon's Point</i>	
Accident or Suicide?			



Henry Edward Hale

Town

County

Died at *Esopus**Balto*

MARYLAND

Date

of death *1907*

Month

8

Day

25

Years

21

Age

Months

8

Days

22

Sex

*Male*Color or
Race*White*Birth-
place*Not borned, Ind*

Occupation

*Laborer*Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*John. O. Hale*Father's
Birthplace*Not borned Ind*Mother's
Maiden Name*Emma. M. Wolfgang*Mother's
Birthplace*Brickleyville*Name of person giving
In formation*John. O. Hale*How related
to deceased*Father*

CAUSES OF DEATH

45

Primary

Carcinoma

How long

12 months

Immediate

Heart Failure

How long

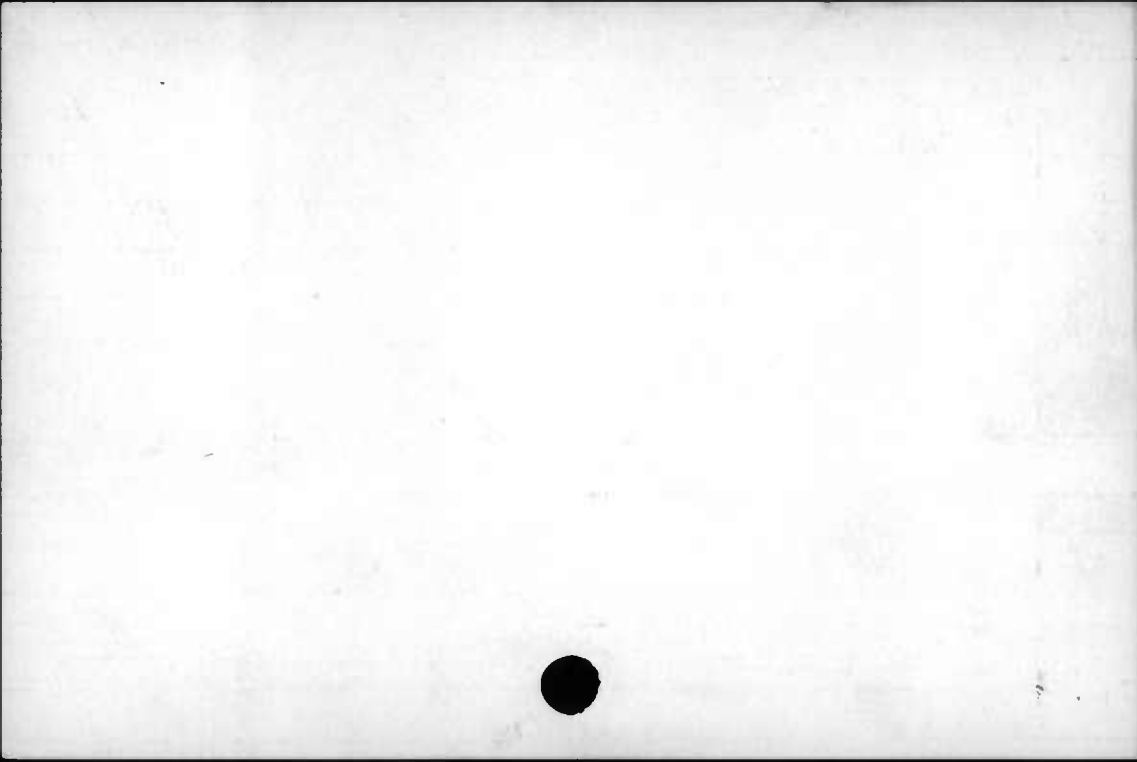
*24 h*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*D. M. Rush, M.D.*

Address

Brickleyville

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

David E Hamilton

Town

County

MARYLAND

Died at

Date

Month

Day

Years

Months

Days

of death 1907

Age

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathTO BE ANSWERED BY
NEAREST FRIEND~~Married, Single,
or Widowed~~Name of Wife or
~~Husband~~Father's
NameMother's
Maiden NameName of person giving
In formationFather's
BirthplaceMother's
BirthplaceHow related
to deceased

CAUSES OF DEATH

Primary

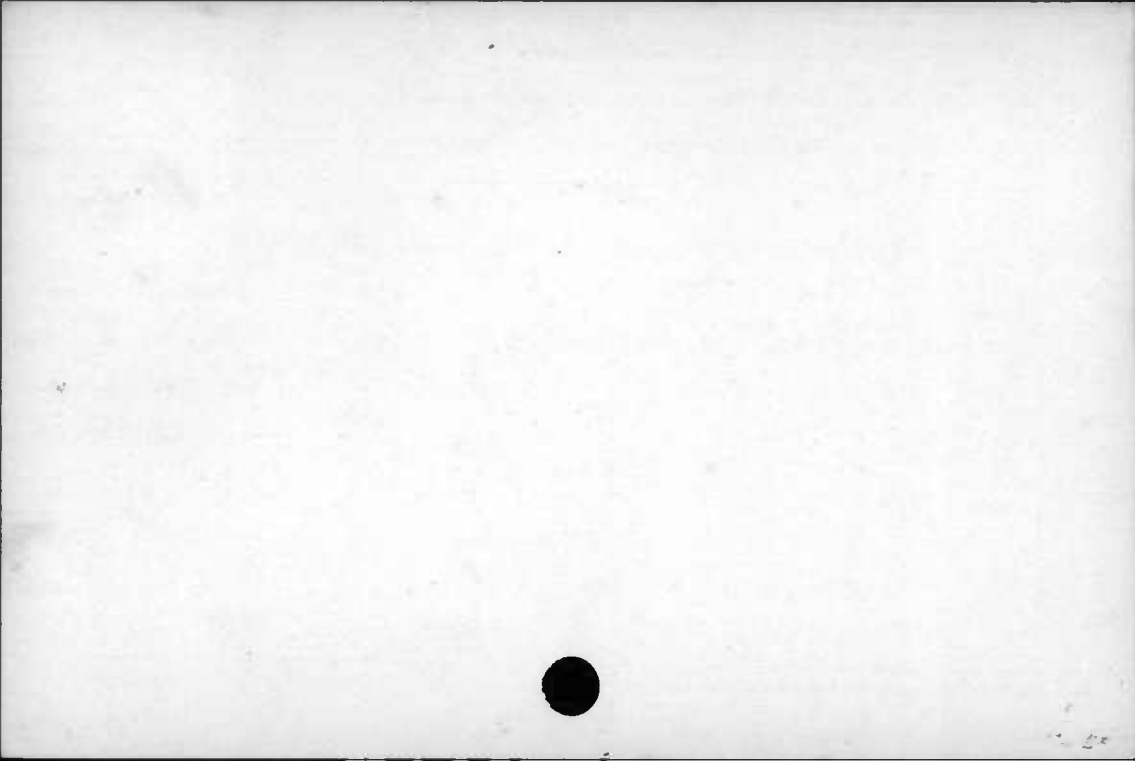
Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Katherine E. Hammond

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

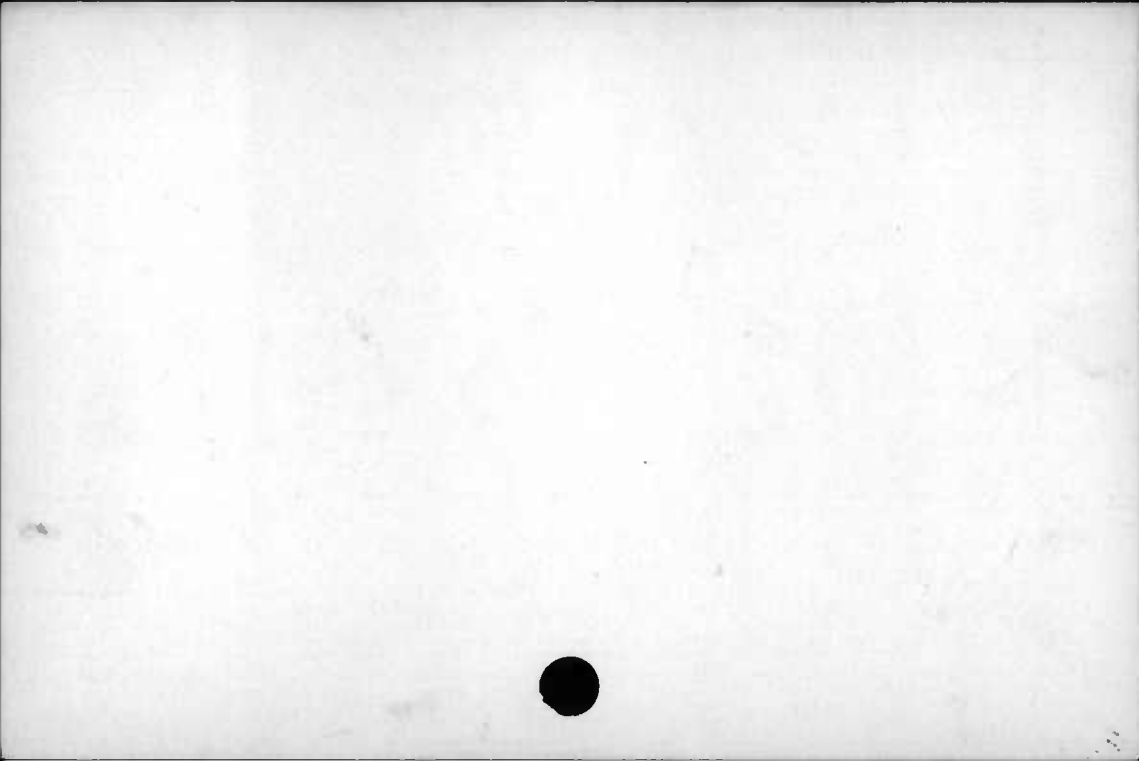
Died at <i>Mr. Nelson</i>		Town <i>Baldwin</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>8</i>	Day	<i>8</i>	Age	<i>69</i> —
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Ind</i>		Months	
Occupation <i>none</i>		Where Residing if not at place of death				Days <i>-</i>	
Married, Single or Widowed <i>widowed</i>		Name of Wife or Husband <i>Thos Hammond</i>					
Father's Name <i>Nicholas Hardy</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information		How related to deceased <i>Grand son</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Bright's disease</i>	How long	<i>Several months</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>St Louis May Jr</i>	
		Address <i>Pikeville Ind</i>	
Accident or Suicide?			



Name
in
Full

Amie Hanson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Batts Co. Ind.</i>		County <i>Batts</i>		MARYLAND	
Date of death <i>1907 Aug.</i>	Month <i>8</i>	Day <i>7</i>	Age <i>7</i>	Years <i>7</i>	Months <i>14</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>County</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Albert Hanson</i>		Father's Birthplace <i>City</i>			
Mother's Maiden Name <i>Maggie Kraiser</i>		Mother's Birthplace <i>City</i>			
Name of person giving information <i>Mother</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long
Immediate <i>Asthemia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>G. C. Thieme M.D.</i>
	Address <i>3038 E. Batts St.</i>
Accident or Suicide? <i>No</i>	

J. H. F. Averb

Western Can

Name
in
Full

Norma De Sales Hart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Mt. Washington		^{County} Baltimore		MARYLAND	
Date of death	1907	Month	August	Day	27
Age	0	Years	9	Months	10
Sex	Female	Color or Race	White	Birth-place	Mt. Washington
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	William Henry Hart			Father's Birthplace	
Mother's Maiden Name	Theresa Sheridan			Mother's Birthplace Ireland	
Name of person giving information	Mrs. William H. Hart			How related to deceased Mother	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Gastro-Enteritis	How long	Ten days
Immediate	Cardiac Asthma	How long	fourty days
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	Dr. Josiah S. Bowen
		Address	Mt. Washington Balto. C. Ind.
Accident or Suicide?			

St Mary's Cemetery

Martin Fisher & Sons
Undertakers

Name
in
Full

Caroline Harris.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Mt Hope Retreat ^{County} Baltimore		MARYLAND	
Date of death 1907	Month Aug	Day 11	Years 80 odd
Sex Female	Color or Race White	Birth-place Balto Md.	Months
Occupation None	Where Residing if not at place of death Baltimore City		
Married, Single or Widowed Single	Name of Wife or Husband		
Father's Name not known	Father's Birthplace not known		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information Reeds Mt Hope Retreat	How related to deceased not at all		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Mania Senile (68)	How long over 74 yrs -
Immediate Ex. Terminal Dementia -	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Frank J. Flannery
	Address Mt Hope Retreat Baltimore Md.
Accident or Suicide?	



6-14-11

Name in Full		John Hartlock				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Highlandtown		Baltimore		MARYLAND	
	Date of death	190	Aug	8	Age	23 hours	
	Sex	Male		Color or Race	White		
	Occupation	None		Birth-place	Highlandtown		
	Where Residing if not at place of death						
	Married, Single or Widowed	Single		Name of Wife or Husband			
PHYSICIAN OR CORONER	Father's Name	John Miller Hartlock			Father's Birthplace	Baltimore City	
	Mother's Maiden Name	Mary Lillie Brooks			Mother's Birthplace	Baltimore City	
	Name of person giving information	John Miller Hartlock			How related to deceased	Father	
	CAUSES OF DEATH				151		
PHYSICIAN OR CORONER	Primary	Premature Birth			How long		
	Immediate	Congenital Deblity			How long	23 hours	
	Are the name, age, sex, color, date and place correctly given above?	Yes			Signature of Physician	J. H. Schlieder M.D.	
	Address				3414 E Baltimore St Highlandtown		
Accident or Suicide?							

Anton Arnold ^{613 P₂₂₇}
Society Heart Cure,

Name
in
Full

CERTIFICATE OF DEATH

Louis Helprish

TO BE ANSWERED BY
NEAREST FRIEND

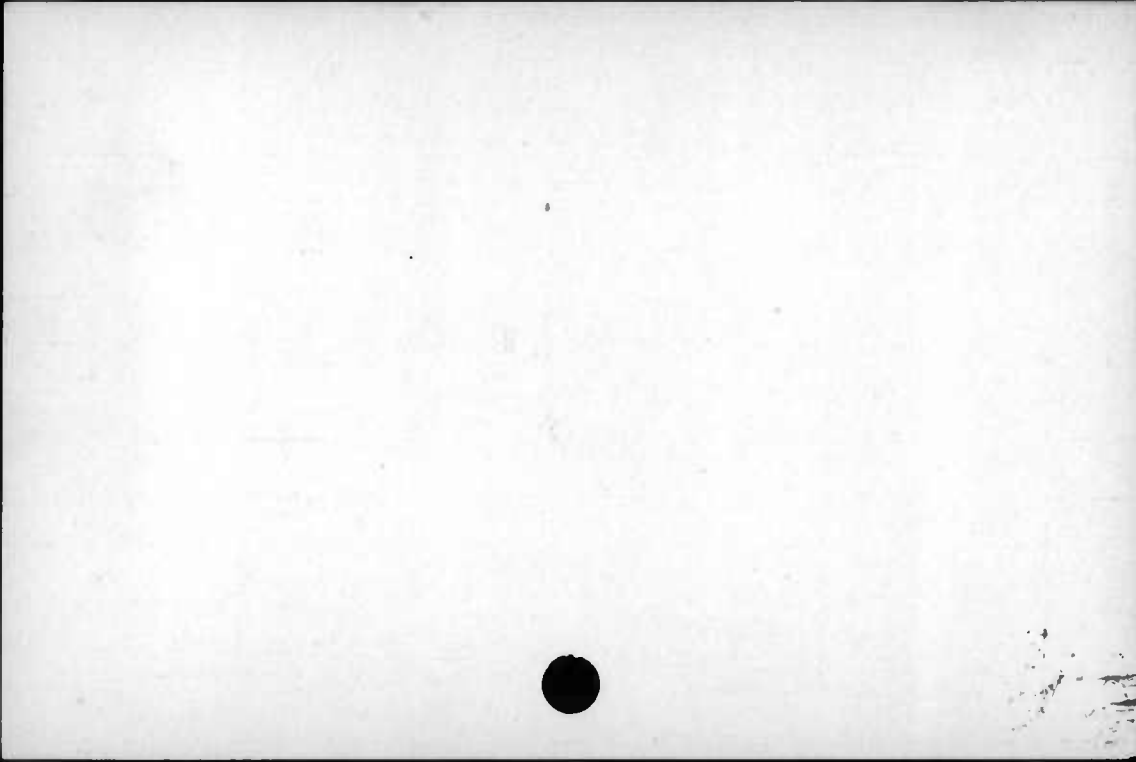
Died at <i>Mt Hope Retriat</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month <i>Aug</i>	Day <i>27</i>	Age <i>38</i>	Years	Months <i>not known</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Balls Blad</i>				
Occupation <i>Bulcher</i>			Where Residing if not at place of death <i>Baltimore Md</i>				
Married, Single or Widowed			Name of Wife or Husband <i>not known</i>				
Father's Name <i>not known</i>				Father's Birthplace <i>not known</i>			
Mother's Maiden Name <i>" "</i>				Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Reed. Mt Hope</i>				How related to deceased <i>not at all</i>			

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary <i>Acute Post Fall</i>	How long <i>abt 1 year</i>
Immediate <i>Ex Meningitis</i>	How long <i>3 or 4 mos</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank J. Flannery</i>
	Address <i>Mt Hope Retriat</i>
Accident or Suicide? <i>(circled)</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Elizabeth Helen</i>		Town <i>Highlandtown</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Month <i>May</i>		Day <i>14</i>		Age <i>79</i>	
Date of death <i>1907</i>		Months		Days			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth place <i>Germany</i>			
Occupation <i>Housework</i>		Where Residing if not at place of death					
Married or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Frederick Helm</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Frederick Helm</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Aphasia</i>		How long <i>7 days</i>	
Immediate <i>"</i>		How long <i>"</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. L. Reukard, M.D.</i>	
Address <i>9105 Canton St</i>			
Accident or Suicide? <i>No</i>		Baltimore, Md	

Balto. Bern

J Herwig & Son

8/18/07

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

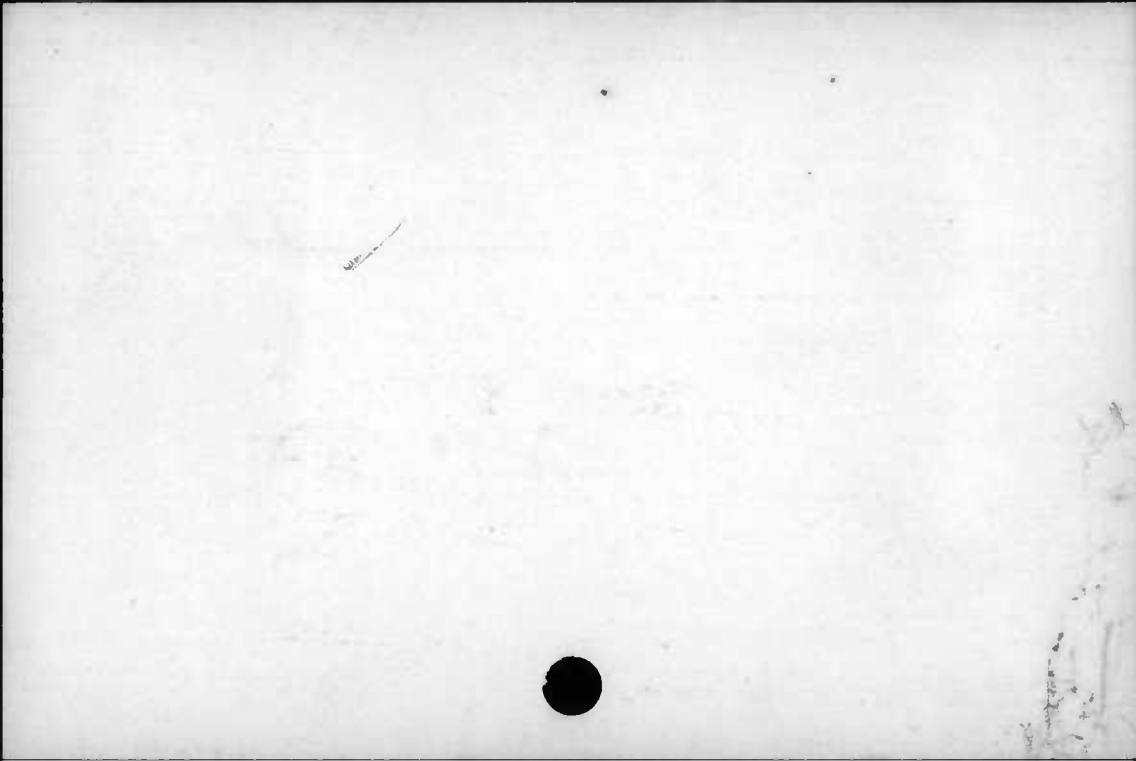
Died at *Arlington* ^{Town} *Barco* ^{County}Date of death *1907* ^{Month} *Aug* ^{Day} *30* ^{Years} *7* ^{Months} *15* ^{Days}Sex *Female* Color or Race *White* Birth-place *Arlington*Occupation *_____* Where Residing if not at place of death *Arlington*Married, Single or Widowed *Single* Name of Wife or Husband *_____*Father's Name *William Walter Henderson* Father's Birthplace *N.J.*Mother's Maiden Name *Jane Argo Korepanoff* Mother's Birthplace *Pa.*Name of person giving information *W. W. Henderson* How related to deceased *Father*

CAUSES OF DEATH

105

Primary *Chronic Milk Infection* How long *From birth.*Immediate *Stomatitis & Exhaustion* How long *10 days.*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *W. W. Henderson*Address *Arlington Md.*

Accident or Suicide?



Name
in
Full

Albert Hill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hulloville</i> <small>Town</small>		<i>Balto</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	Month <i>8</i>	Day <i>7</i>	Age	Months <i>6</i>	Days
Sex <i>Male</i>	Color or Race <i>colored</i>	Birth-place <i>Hulloville</i>			
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Robert E. Hill</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Sarah E. Campher</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Robert E. Hill</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>30 days</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Z. B. Hall</i>
	Address <i>Wt. Minn.</i>
Accident or Suicide?	

Geo. Harrison
Mr. Anderson

Name
in
Full

Mollie Hinks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

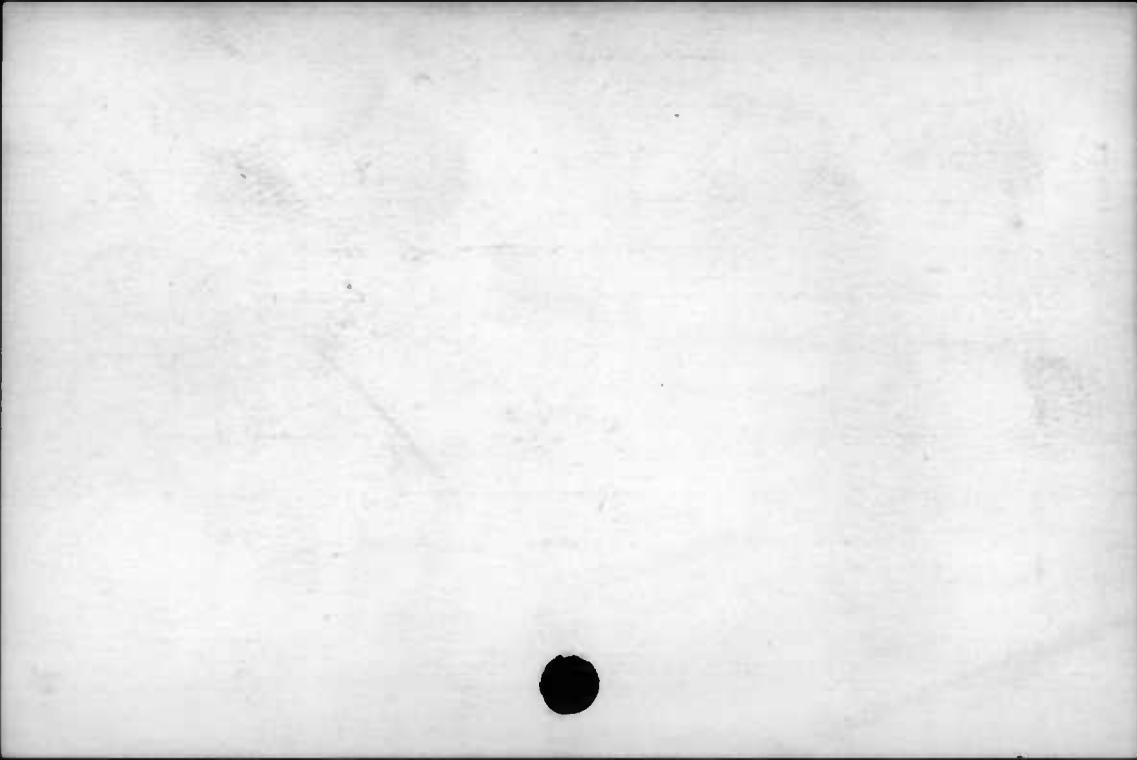
Died at <i>West Balto</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>8</i>	Day <i>23</i>	Age	Months <i>one</i>	Days <i>21</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>West Balto</i>		
Occupation		Where Residing if not at place of death			
Married, Single or Widowed <i>-</i>		Name of Wife or Husband			
Father's Name <i>John T. Hinks</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Julia M. Davis</i>		Mother's Birthplace <i>Ind.</i>			
Name of person giving information <i>John T. Hinks</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>cholesterol infarction</i>	How long <i>one month</i>
Immediate <i>convulsions</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Z.B. Hall</i>
	Address <i>Int Minors</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *New Market* ^{Town} *Balto.* ^{County}

Date of death *1907 Aug. 26* Age *31* Months *9* Days *5*

Sex *Male* Color or Race *White* Birth-place *Stiltz, Va*

Occupation *Farmer* Where Residing if not at place of death *[Signature]*

Married, *Single* Name of Wife or Husband *Mary Hoffman*

Father's Name *Cincinatti Hoffmann* Father's Birthplace *Hoffmannville*

Mother's Maiden Name *Unknown* Mother's Birthplace *Virginia*

Name of person giving information *Mary Hoffman* How related to deceased *Wife*

CAUSES OF DEATH

Primary *Typhoid* How long *about 15 days*

Immediate *Inability of heart* How long *[Signature]*

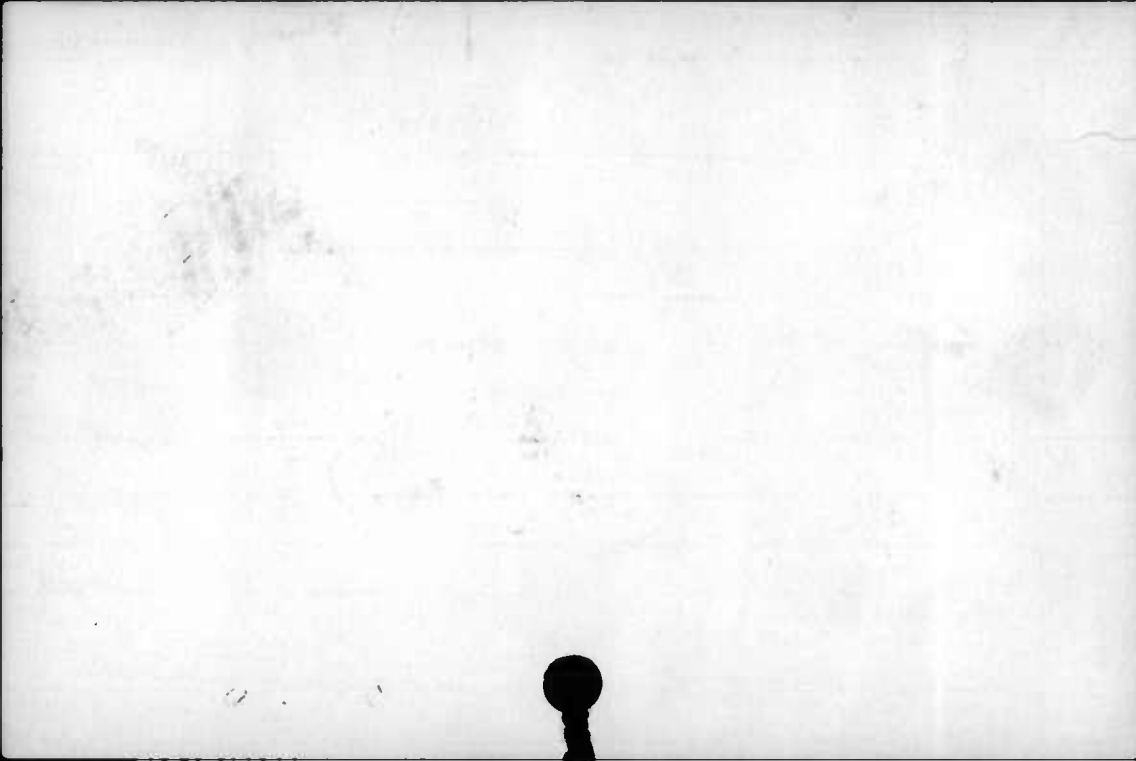
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Wilbur C. Dammick R.M.*

Address *Shrewsbury Va*

Accident or Suicide?

PHYSICIAN
OR CORONER

1



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

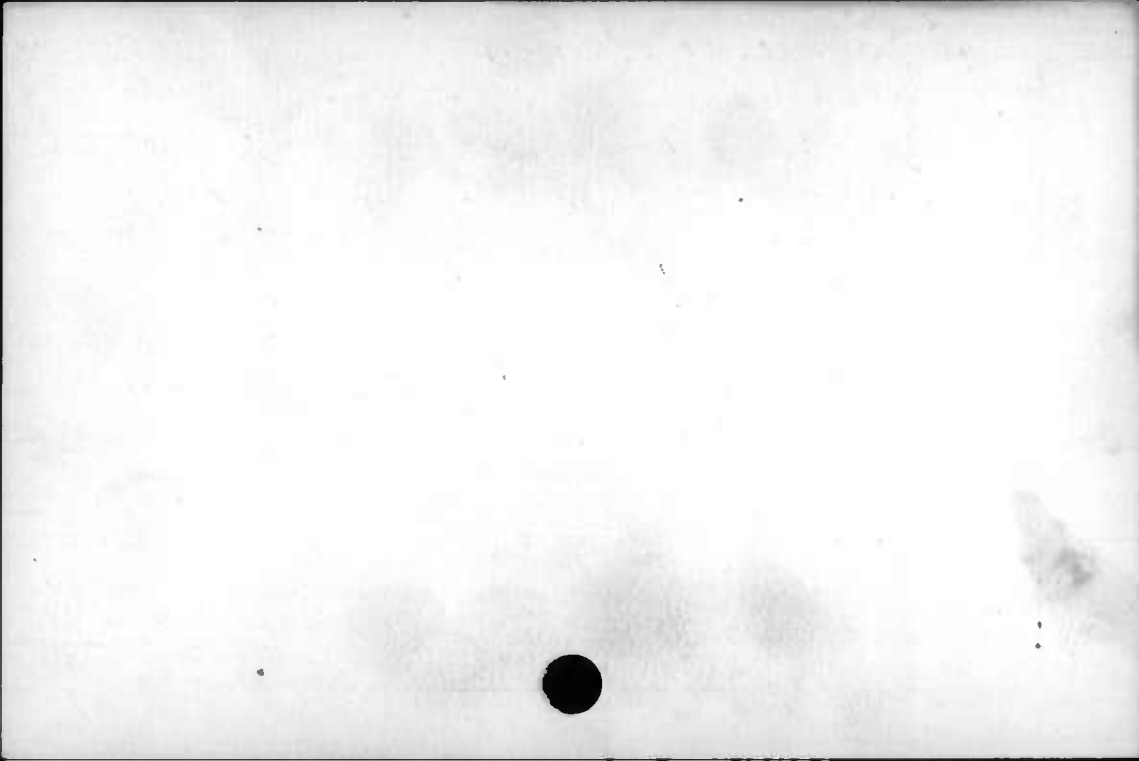
Died at		Town <i>Gas. H. Hoffman</i>		County <i>13th</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		8	16			8	25
Sex		Color or Race		Birth-place			
male		white		Ind			
Occupation				Where Residing if not at place of death			
none							
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Frank Hoffman				Ind			
Mother's Maiden Name				Mother's Birthplace			
Anna M. [unclear]				Ind			
Name of person giving information				How related to deceased			
Father				Ind			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Dis. Colitis - acute -</i>	How long	<i>week</i>
Immediate	<i>Proctitis</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<i>[Signature]</i>	
		Address	
		<i>[Address]</i>	
Accident or Suicide?			



Name in Full		Catherine Hohenstein				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Highlandtown		County Batts.		MARYLAND	
	Date of death	1907	Month 8	Day 14	Age —	Years 8	Months 10
	Sex	Female		Color or Race	White		Birth-place
	Occupation	—		Where Residing if not at place of death		—	
	Married, Single or Widowed	—		Name of Wife or Husband		—	
	Father's Name	Frederick Hohenstein				Father's Birthplace	Va.
	Mother's Maiden Name	Mary Erlbacher				Mother's Birthplace	Germany
Name of person giving information	Minnie Hohenstein				How related to deceased	Sister	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Cholera Infantum				How long	2 Weeks
	Immediate	Cardiac Failure				How long	1 1/2 days
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	Dr. J. A. Slantz
	Address	41 Eastern Ave. Et.					
Accident or Suicide?							

CHRISTIAN MILLER.
UNDERTAKER & EMBALMER.
2384 Jefferson St. N. W. Cor. Montford Ave.
Baltimore Md.

5th reform St Paul Cemetery

Name
in
Full

Michael Hohnman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Eaton</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>Aug.</i>	Day <i>12</i>	Age <i>46</i>	Years <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore Md.</i>		
Occupation <i>Dyer</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Domier</i>			
Father's Name <i>don't know</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>don't know</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Mary Hohnman</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

Primary *Valvular Disease's Heart*

How long

79 *four weeks*

Immediate

Broken Compensation

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

C. V. Atthey

Accident or Suicide?

*—*PHYSICIAN
OR CORONER

Sacred Heart Cemetery

August - 14th 1907

Germanus France

Under the

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Harold S. Hoover

Town

County

Died at

Spinn's Point

Baltimore

MARYLAND

Date

1907

Month

Aug.

Day

26th

Age

Years

1

Months

4

Days

9

Sex

Male

Color or
Race

White

Birth-
place

Spinn's Point

Occupation

Hom

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Walter F. Hoover

Father's
Birthplace

Md

Mother's
Maiden Name

Lillian V. Shurtz

Mother's
Birthplace

Md

Name of person giving
In formation

Walter F. Hoover

How related
to deceased

Father

CAUSES OF DEATH

104

Primary

Fracture of skull

How long

4 weeks

Immediate

Meningitis

How long

24 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

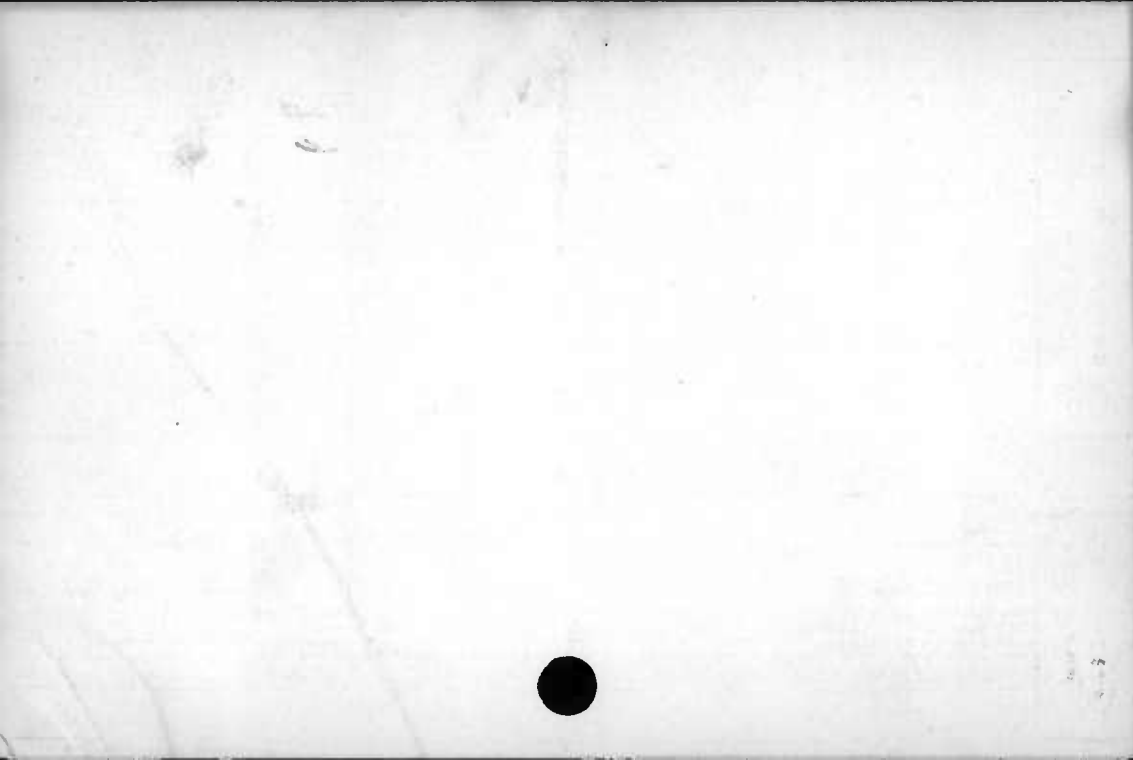
J. C. Elmer M.D.
Spinn's Point

Accident or Suicide?

-

PHYSICIAN
OR CORONER

1



Name
in
Full

Louis Hoppe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

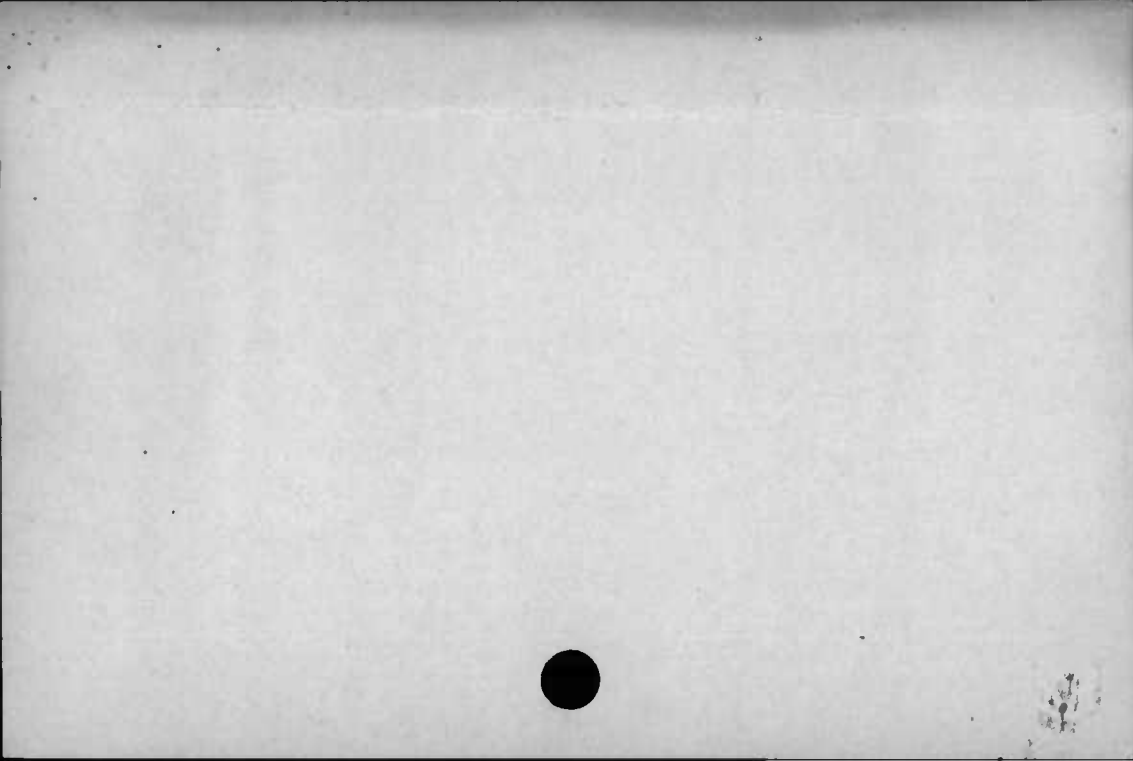
Died at		Town		County		STATE	
Baltimore		Co.		Blushouse		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		8	19	79			
Sex		Color or Race		Birth-place			
Male		White		Germany			
Occupation		Where Residing if not at place of death					
Gardener							
Married, Single or Widowed		Name of Wife or Husband					
Widow		Christina					
Father's Name		Mother's Birthplace					
Unknown		Unknown					
Mother's Maiden Name		Mother's Birthplace					
Unknown		Unknown					
Name of person giving information		How related to deceased					
Chas. Hoppe		Son					

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary	Diarrhoea	How long	about a week
Immediate	Infirmities of a general nature	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Dr. Fred C. Duesy	
		Address	
		Baltimore	
		Md	
Accident or Suicide?			



Name
in
Full

Alice J. Horner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
190		7	8	31	7	9	23
Sex	Female		Color or Race	White		Birth-place	Balto Co.
Occupation	—			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
—			—				
Father's Name	Henry Horner				Father's Birthplace	England	
Mother's Maiden Name	Margaret Routledge				Mother's Birthplace	u y	
Name of person giving information	Henry Horner				How related to deceased	Father	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Cholera Infantum.	How long	3 weeks
Immediate	Exhaustion	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?	NO	Signature of Physician	J. L. Brown M.D.
		Address	3rd Gough
			Highlandtown, Md
Accident or Suicide?	NO		

Trinity Cem.

Herwig & Son

9/2/07

Name
In
Full

Lillian Howard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Catonsville		County Balto		MARYLAND	
Date of death		1907	Month Aug	Day 28	Age Years	Months 1	Days 3
Sex female		Color or Race Colored		Birth- place Catonsville			
Occupation				Where Residing if not at place of death Catonsville Md			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name		Charles Howard		Father's Birthplace		Howard Co	
Mother's Maiden Name		Susie King		Mother's Birthplace		Va	
Name of person giving Information		Chas Howard		How related to deceased		Father	

CAUSES OF DEATH

151
How long

How long

PHYSICIAN
OR CORONER

Primary
Marasmus
Asthma

Immediate
Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Marshall B. West.
Catonsville Md.

Accident or Suicide?

Wald Feller Secretary.

Chas. Priestler.

Name
in
Full

CERTIFICATE OF DEATH

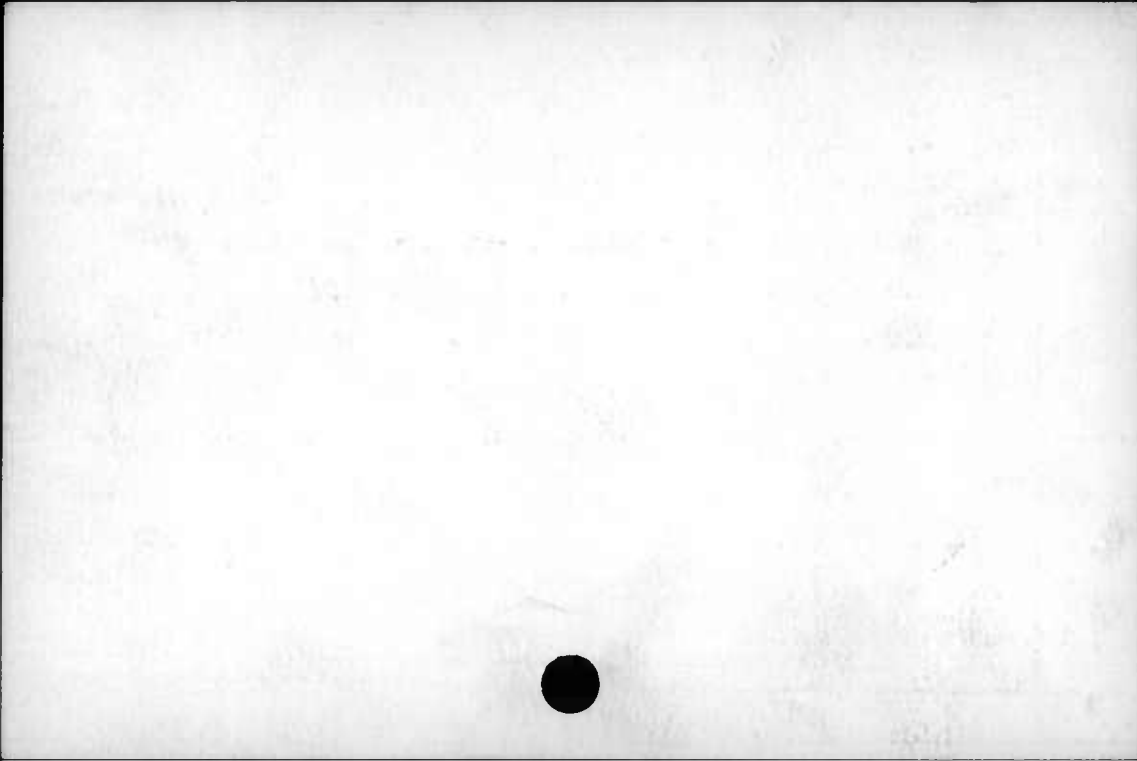
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Oella</i> Town <i>Huff.</i> County <i>Baltimore</i>		MARYLAND	
Date of death <i>1907</i> Month <i>Aug.</i> Day <i>17</i> Age <i>not</i> Years Months <i>4</i> Days <i>11</i>	Sex <i>Male</i> Color or Race <i>White</i> Birth-place <i>Md.</i>		
Occupation <i>no</i>	Where Residing if not at place of death <i>Oella</i>		
Married, Single or Widowed <i>no</i>	Name of Wife or Husband <i>no</i>		
Father's Name <i>James W. Huff</i>	Father's Birthplace <i>Virginia</i>		
Mother's Maiden Name <i>Laura E. Brabey</i>	Mother's Birthplace <i>Charles Co</i>		
Name of person giving information <i>Laura E. Huff</i>	How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Asphyxia</i>	How long <i>4 1/2 min</i>
Immediate <i>Intestinal Indigestion</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. C. Shute</i>
	Address <i>Ellicott City</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Aug	28	57		-	23
Sex	Male	Color or Race	White	Birth-place	Maryland		
Occupation	Bricklayer			Where Residing if not at place of death	311 Toonle St		
Married, Single or Widowed	Married	Name of Wife or Husband	Louisa Hufnagle				
Father's Name				Father's Birthplace	Germany		
Mother's Maiden Name				Mother's Birthplace	"		
Name of person giving information	Louisa Hufnagle			How related to deceased	Wife		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever	How long	4 weeks
Immediate	Internal Hemorrhage	How long	12 hrs
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Dr. W. L. Burke	
Address		3042 Hudson St	
Accident or Suicide?			

Name
in
Full

Meta Nauvess Hutton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chattolauce</i>		County <i>Balto</i>		MARYLAND	
Date of death	1907	Month	August	Day	30
Age	68-		Months	Days	
Sex	Female		Color or Race	White	
Occupation	Lady		Birth-place	Florida	
Where Residing if not at place of death			1529 Bolton St.		
Married, Single or Widowed	Widow		Name of Wife or Husband	Nathaniel Henry Hutton	
Father's Name	Eugene Nauvess		Father's Birthplace	New York	
Mother's Maiden Name	Julia Brush		Mother's Birthplace	New York	
Name of person giving information	Charles H. Wyatt		How related to deceased	Son in Law	

CAUSES OF DEATH

(50)

Primary	<i>Diabetes</i>	How long	<i>many years.</i>
Immediate	<i>Pleurisy & Coronary Embolism</i>	How long	<i>Few minutes.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes.</i>		

Signature of Physician

Address

John Steingr Dearish
St. Paul & Preston Sts.
Baltimore

Accident or Suicide?

No

Dr Louis

Place of burial Greenmount Cemetery.

Hay W. Jenkins & Sons Co

Funeral Directors

300 W. Madison St

Balto Md.

Name
in
Full

CERTIFICATE OF DEATH

Infant of Jackson
Town County

MARYLAND

Died at Granville Baltimore
Date of death 1907 Aug 17 Age — Months — Days —

Sex female Color or Race Black Birth-place Ind
Occupation — Where Residing if not at place of death Danp

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Don't know

Father's Birthplace Don't know

Mother's Maiden Name Laura Jackson

Mother's Birthplace Ind

Name of person giving information Ward Jackson

How related to deceased Grand Mother

CAUSES OF DEATH

151
How long 7 days

Primary Marasmus

Immediate Convulsions - Coma

How long Two hours

Are the name, age, sex, color, date and place correctly given above? yes

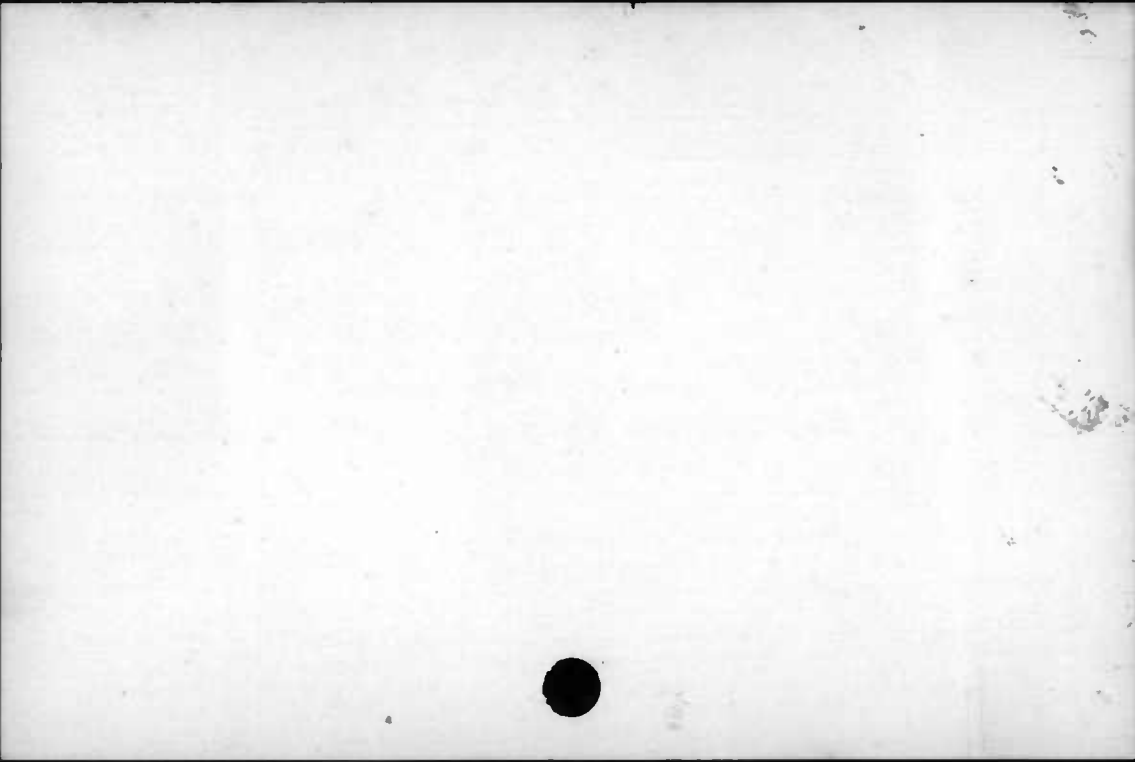
Signature of Physician R. J. H. H. H.
Address Granville

Accident or Suicide? no

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1



Name
in
Full

CERTIFICATE OF DEATH

Anna Jackson

Town

County

Died at

Grant

Batts

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1907 Aug

8

Age

16

Sex

female

Color or
Race

Black

Birth-
place

Ind

Occupation

none

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Bud Jackson

Father's
Birthplace

Ind

Mother's
Maiden Name

Nora Jackson

Mother's
Birthplace

Ind

Name of person giving
In formation

Leah Grant

How related
to deceased

none

CAUSES OF DEATH

138

Primary

Purpural Chlorosis

How long

2 days

Immediate

Coma

How long

8 hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

H. J. Staple

Address

Grant Ind

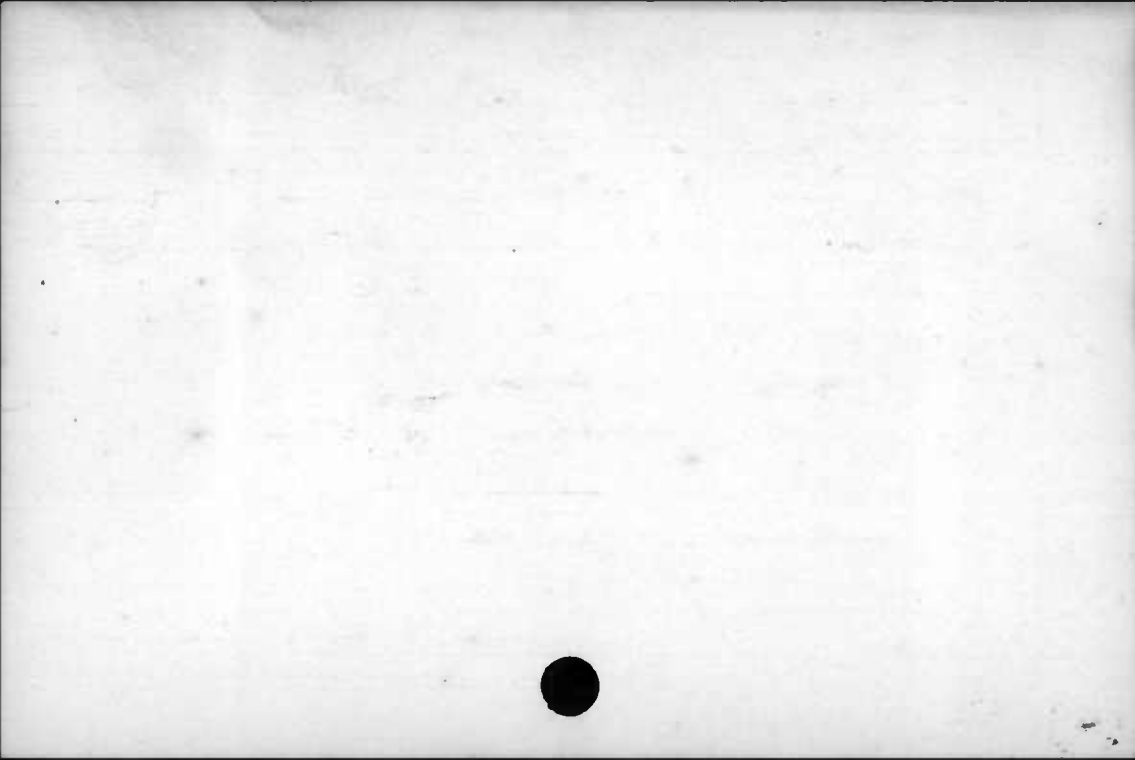
Accident or Suicide?

—

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER





Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Henry Jackson Johnson</i>		Town <i>Canton</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Died at <i>Canton</i>		Month <i>August</i>		Day <i>12th</i>		Years <i>42</i>	
Date of death <i>1907 August 12th</i>		Months <i>8</i>		Days <i>29</i>			
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Anna arundel Co Md.</i>					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Georgia Johnson</i>					
Father's Name <i>Henry Johnson</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Georgia Fox</i>		Mother's Birthplace <i>N. Carolina</i>					
Name of person giving information <i>Enoch Philip Johnson</i>		How related to deceased <i>brother</i>					

CAUSES OF DEATH

164

Primary

struck by an electric trolley car on River View Line.

How long

immediate

Immediate

fracture of the skull.

How long

immediate

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

P. A. Drummigan

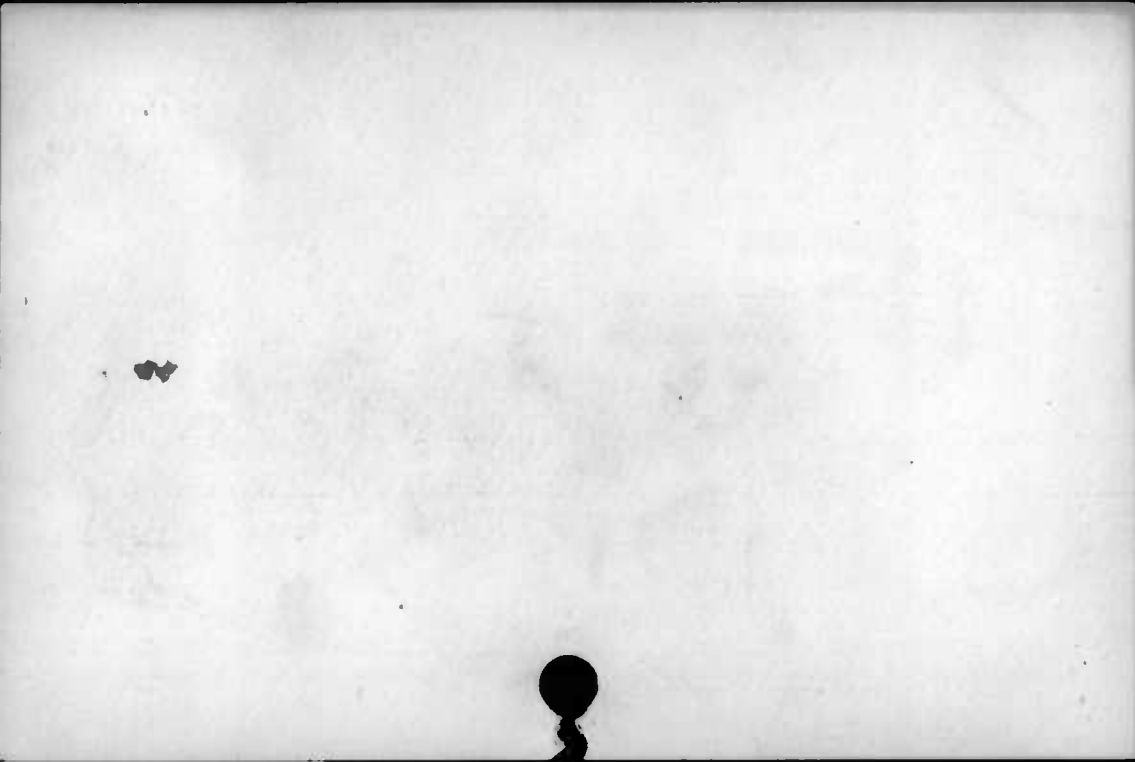
Address

203. Toome St.

Accident or Suicide?

*Accident**Carver*PHYSICIAN
OR CORONER

1



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Joshua B. Johnson
 Died at *Sparrow Point* Town *Wallo.* County
 Date of death *1907 Aug 23* Month *Aug* Day *23* Age *58* Years Months Days
 Sex *male* Color or Race *white* Birth-place *Delaware*
 Occupation *Steamboat Captain* Where Residing if not at place of death *Delaware*
 Married, Single or Widowed *married* Name of Wife or Husband *Unknown*
 Father's Name *Unknown* Father's Birthplace *Unknown*
 Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*
 Name of person giving information *C. W. Eaton* How related to deceased *None*

CAUSES OF DEATH

172

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

Accident

For Blair J. T.
Sparrow Point
md.

Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name In Full <i>Lemond Johnson</i>		Town <i>Net Wicoms</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Net Wicoms</i>		Date of death <i>1907</i>		Age <i>70</i>		Months <i>3</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth- place <i>Virginia</i>		Days <i>7</i>	
Occupation <i>Carpenter</i>		Where Residing if not at place of death <i>Net Wicoms</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Margaret Johnson</i>					
Father's Name <i>unknown</i>		Father's Birthplace <i>unknown</i>					
Mother's Maiden Name <i>Mary Johnson</i>		Mother's Birthplace <i>unknown</i>					
Name of person giving In formation <i>Margaret Johnson</i>		How related to deceased <i>wife</i>					

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary <i>Decomposition</i>	How long <i>8 days</i>
Immediate <i>Paralysis</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. Williams</i>
	Address <i>Net Wicoms</i>
Accident or Suicide?	<i>no</i>

Mt Auburn Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Tralls Road, N. Roland Park*

County

Date of death *1907 Aug 2*

Month

Day

Age *35*

Years

Months

Days

Sex

*Male*Color or
Race*Col*Birth-
place*Ind*

Occupation

*Waiter*Where Residing if not
at place of deathMarried, Single
or Widowed*Widower*Name of Wife or
Husband*Martha Jones*Father's
Name*John Jones*Father's
Birthplace*Ind*Mother's
Maiden Name*Nancy Elsie*Mother's
Birthplace*Ind*Name of person giving
Information*E. O. R. Ephson*How related
to deceased*Sister*

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

4 Mos

Immediate

Exhaustion

How long

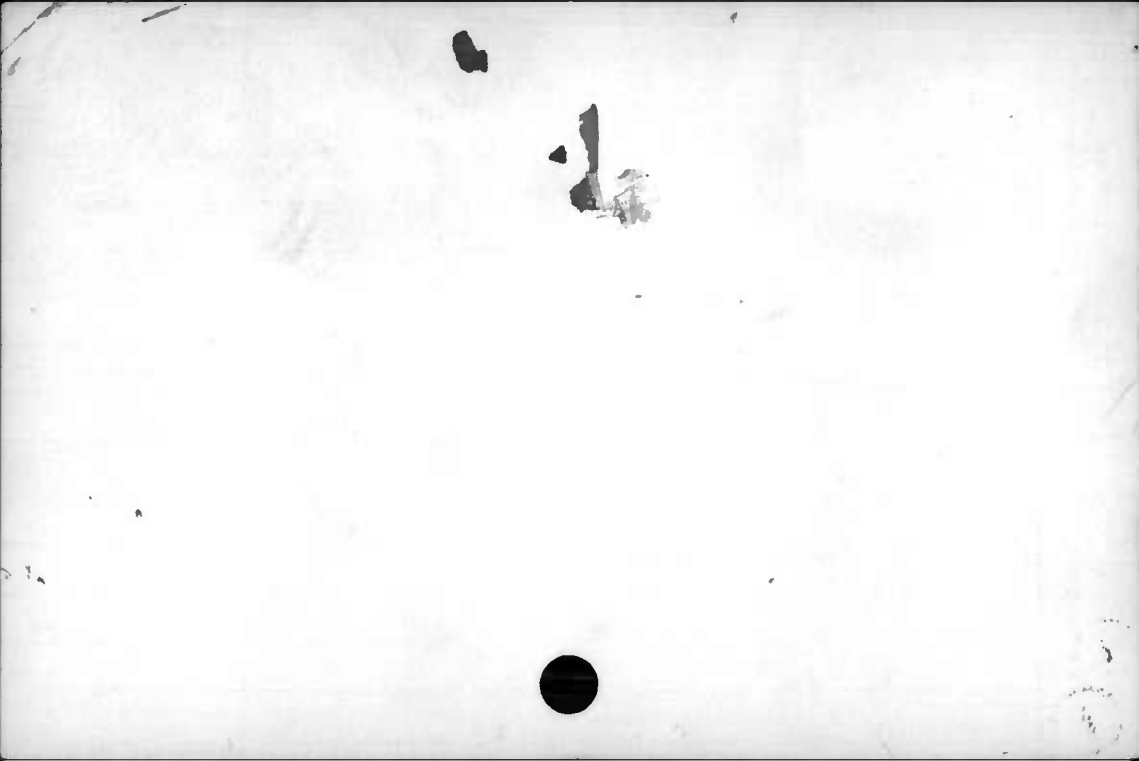
Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*D. Grantfoot*

Address

*3574 N. Biddle St
Baltimore Md*

Accident or Suicide?

PHYSICIAN
OR CORONER
1



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Perry Hall</i> Town <i>Baltimore</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Aug</i>	Day <i>7</i>	Age <i>15</i>
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Above</i>	
Occupation <i>---</i>	Where Residing if not at place of death <i>---</i>		
Married, Single or Widowed <i>---</i>	Name of Wife or Husband <i>---</i>		
Father's Name <i>John Kaehl</i>	Father's Birthplace <i>Baltimore</i>		
Mother's Maiden Name <i>Conie Cuyghardt</i>	Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>Father</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Inanition.</i>	How long <i>Since Birth.</i>
Immediate <i>Failure of Vital Forces</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Luigard J. White</i>
<i>best from knowledge</i>	Address <i>Fulleton, Md.</i>
Accident or Suicide?	

Entertainment
St Joseph

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Joseph Kachl</i>		Town <i>Perry Hall</i>		County <i>Balto</i>		MARYLAND	
Died at <i>Perry Hall</i>		Date of death <i>1907 Aug 3</i>		Age <i>3</i>		Months <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Above</i>		Days <i>14</i>	
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>John Kachl</i>				Father's Birthplace <i>Balto Co.</i>			
Mother's Maiden Name <i>Conne Englehard</i>				Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>John Kachl</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR
CORONER

Primary <i>Inanition (wound, not made nourishment)</i>	How long <i>Since birth</i>
Immediate <i>Fracture of other bones</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>—</i>	Signature of Physician <i>Leigard Whiteford</i>
<i>—</i>	Address <i>Fullerton, Md.</i>
Accident or Suicide? <i>—</i>	

151

Instrument

St Josephs

Name
in
Full

Stewart Kane

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Int Washington</i>		Town <i>Ballt.</i>		County		MARYLAND	
Date of death <i>1907</i>	Month <i>8</i>	Day <i>30</i>	Age <i>9</i>	Years	Months	Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>			
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Alexander Kane</i>			Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Isabel Newshaw</i>			Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Alex. Kane</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary <i>Dysentery - Complications</i>	How long <i>2 weeks</i>
Immediate <i>Heart Failure</i>	How long <i>24 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C.H. Burtin</i>
	Address <i>Int Washington</i>
Accident or Suicide?	

A. S. Marshall
3539 Fall Road
St. Marys. N.
Sept 1-1907

Name
in
Full

Charles Karcher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

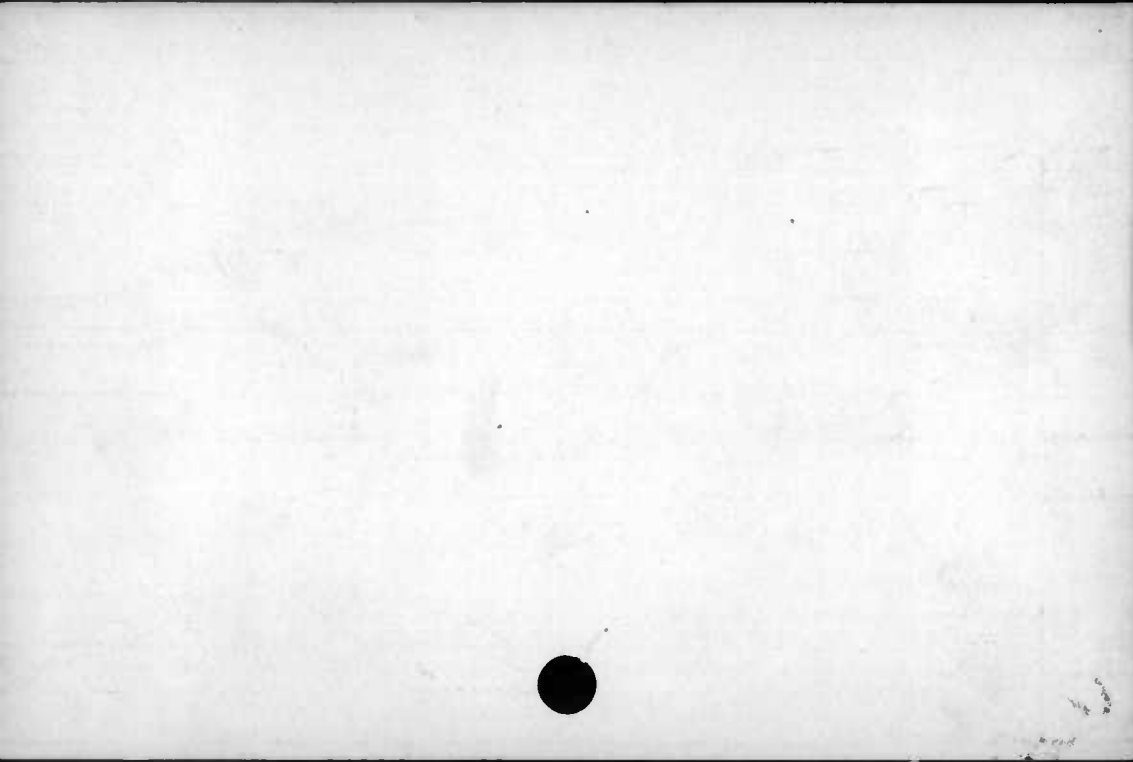
Died at <i>Owings Mills</i> ^{Town}		<i>Balt</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>aug</i> ^{Month}	<i>30</i> ^{Day}	Age <i>82</i> ^{Years}	Months	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Germany</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Elizabeth Karcher</i>				
Father's Name <i>Carl Karcher</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Dont know</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>Elizabeth Karcher</i>	How related to deceased <i>wife</i>				

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary <i>Cancer of stomach</i>	How long <i>about one year</i>
Immediate <i>Heart failure</i>	How long <i>about 24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. H. Campbell</i>
	Address <i>Owings Mills. Md</i>
Accident or Suicide?	



Name
In
Full

Grace Lonetta Keel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Arlington</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	Month <i>8</i>	Day <i>27</i>	Age <i>—</i>	Years <i>—</i>	Months <i>2</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland.</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>Arlington Md.</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>P. M. Keel</i>			Father's Birthplace <i>Maryland.</i>		
Mother's Maiden Name <i>Grace L. Fiddinger</i>			Mother's Birthplace <i>Maryland.</i>		
Name of person giving information <i>Philip M. Keel</i>			How related to deceased <i>Father.</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Inflammatory Cirrhosis</i>	How long <i>Seven days.</i>
Immediate <i>Convulsions</i>	How long <i>2 hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. H. Hardesty</i>
	Address <i>St. O. City.</i>
Accident or Suicide? <i>—</i>	

Joseph B Cook
1013 3rd Baltimore

David Ridge Country
Aug 28 1917.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Canton* Town*Balto* CountyDate of death *1907 Aug*Day *9*Age *29* Years

Months

Days

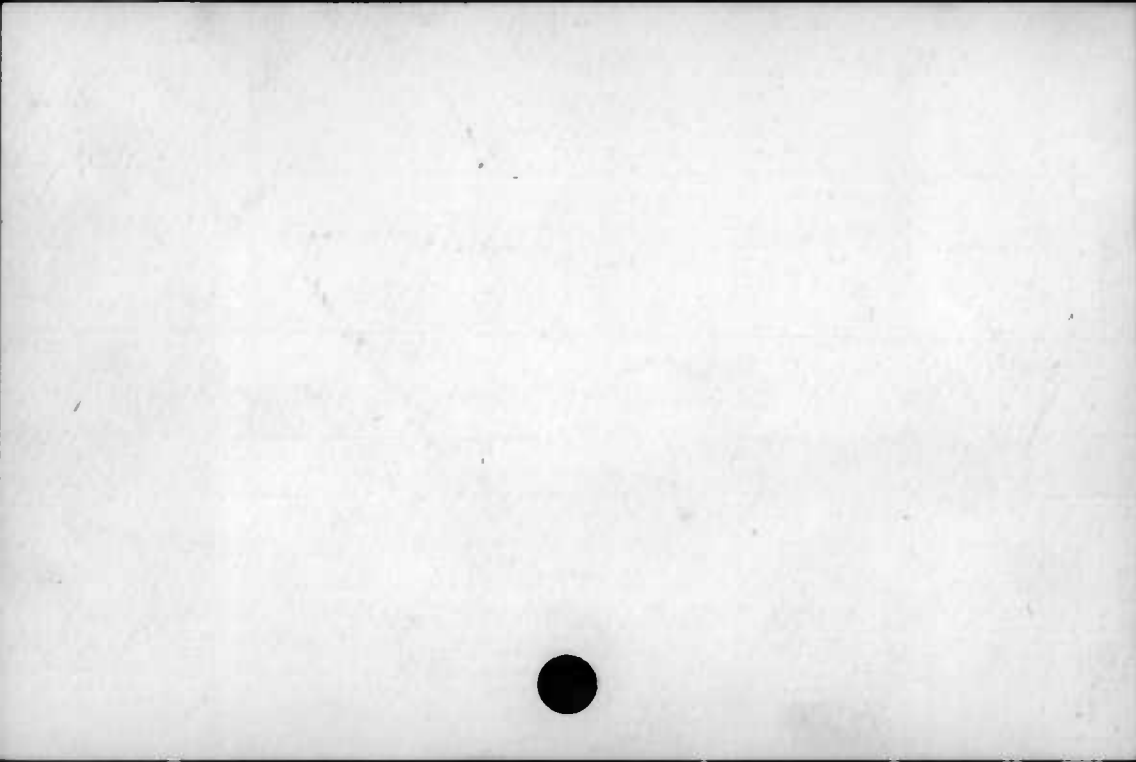
Sex *male*Color or Race *white*Birth-place *Unknown*Occupation *Brickman*Where Residing if not at place of death *1320 West St*Married, Single or Widowed *Married*Name of Wife or Husband *Unknown*Father's Name *Unknown*Father's Birthplace *Unknown*Mother's Maiden Name *U*Mother's Birthplace *U*Name of person giving information *Mrs Murphy*How related to deceased *Son*

CAUSES OF DEATH

Primary *While standing on top of box car in transit and going under bridge was struck in back of head, while looking in opposite direction.*How long *Immediate*Immediate *Skull crushed**U*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Dr. Cunningham*Address *203 Lomb St*Accident or Suicide? *Accident**Coverman*



Name
in
Full

CERTIFICATE OF DEATH

James Kiernan

Town

Methuen

County

Butler

MARYLAND

Died at

Date
of death 190

Month

7 Aug

Day

30

Age

Years

4

Months

5

Days

10

Sex

male

Color or
Race

white

Birth-
place

Md

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

James J Kiernan

Father's
Birthplace

Md

Mother's
Maiden Name

Elizabeth Jane

Mother's
Birthplace

Md

Name of person giving
In formation

James Kiernan

How related
to deceased

father

CAUSES OF DEATH

171

Primary

Convulsions

How long

1 day

Immediate

How long

—

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Geo. S. M. Kieffer
Mmell Park
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

1

H. C. Branning
St. Peters.

Name
in
Full

CERTIFICATE OF DEATH

George W Kimmels huc

Town

County

MARYLAND

Died at Catonsville

Balto

Date

Month

Day

Years

Months

Days

of death

1907

Aug

1

Age

48

5

13

Sex

Male

Color or
Race

White

Birth-
place

Germany

Occupation

carpenter

Where Residing if not
at place of death

Rolling Road

Married,
or Widowed☒Name of Wife or
Husband

Mary E Kimmels huc

Father's
Name

Andrew Kimmels huc

Father's
Birthplace

Germany

Mother's
Maiden Name

Don't k

Mother's
Birthplace

Germany

Name of person giving
In formation

Mary E Kimmels huc

How related
to deceased

Wife

CAUSES OF DEATH

40

Primary

Carcinoma of stomach

How long

9 mos,

Immediate

Starvation

How long

4 weeks

Are the name, age, sex, color, date
and place correctly given above?

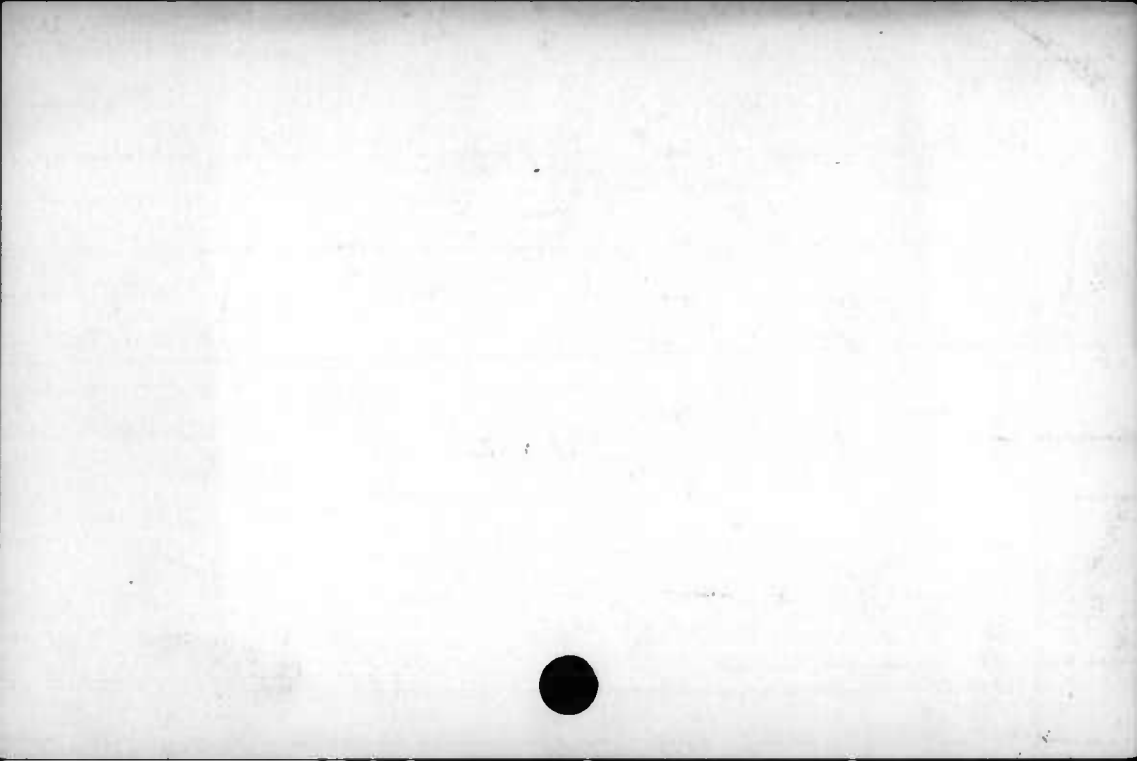
yes

Signature of
PhysicianMarshall B West,
Catonsville Md,

Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at 78 Glenhurst Road Roland King Baltimore		Town		County		
Date of death 1907 Aug 28	Month	Day	Age Still Born	Years	Months	Days
Sex Male	Color or Race White	Birth-place 78 Glenhurst Rd				
Occupation		Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband				
Father's Name Aubrey P King		Father's Birthplace New York				
Mother's Maiden Name Florence E King		Mother's Birthplace New York				
Name of person giving information		How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pressure on umbilical cord	How long
Immediate during delivery	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician John A. Evans
Specified from still birth	Address 101 N Carey St.
Accident or Suicide? Blank	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

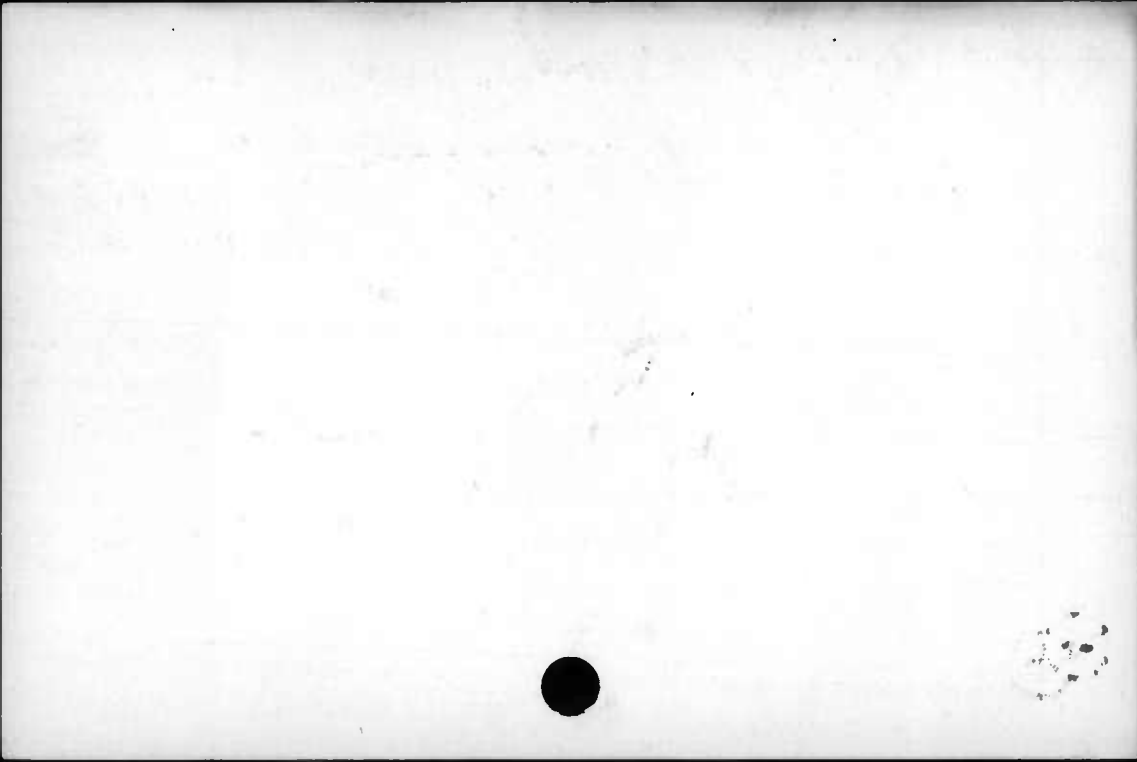
Name in Full Harry A Knorr		Town Fullerton		County Baltimore		State MARYLAND	
Died at Fullerton		Date of death 1907		Month 8		Day 8	
Age 1		Years 1		Months 18		Days 18	
Sex female		Color or Race white		Birth-place Maryland			
Occupation 		Where Residing if not at place of death Fullerton Ind					
Married, Single or Widowed 		Name of Wife or Husband Katharine A Knorr					
Father's Name Harry A Knorr		Father's Birthplace Maryland					
Mother's Maiden Name Katharine Rader		Mother's Birthplace - -					
Name of person giving information Harry A Knorr		How related to deceased Father					

CAUSES OF DEATH

103

PHYSICIAN
OR CORONER

Primary Cholera Infantum		How long 7 day x	
Immediate Exhaustion		How long 	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician W. L. Whiteford	
		Address Parkville, Md.	
Accident or Suicide?			



Name
in
Full

Katharine

Kozik.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

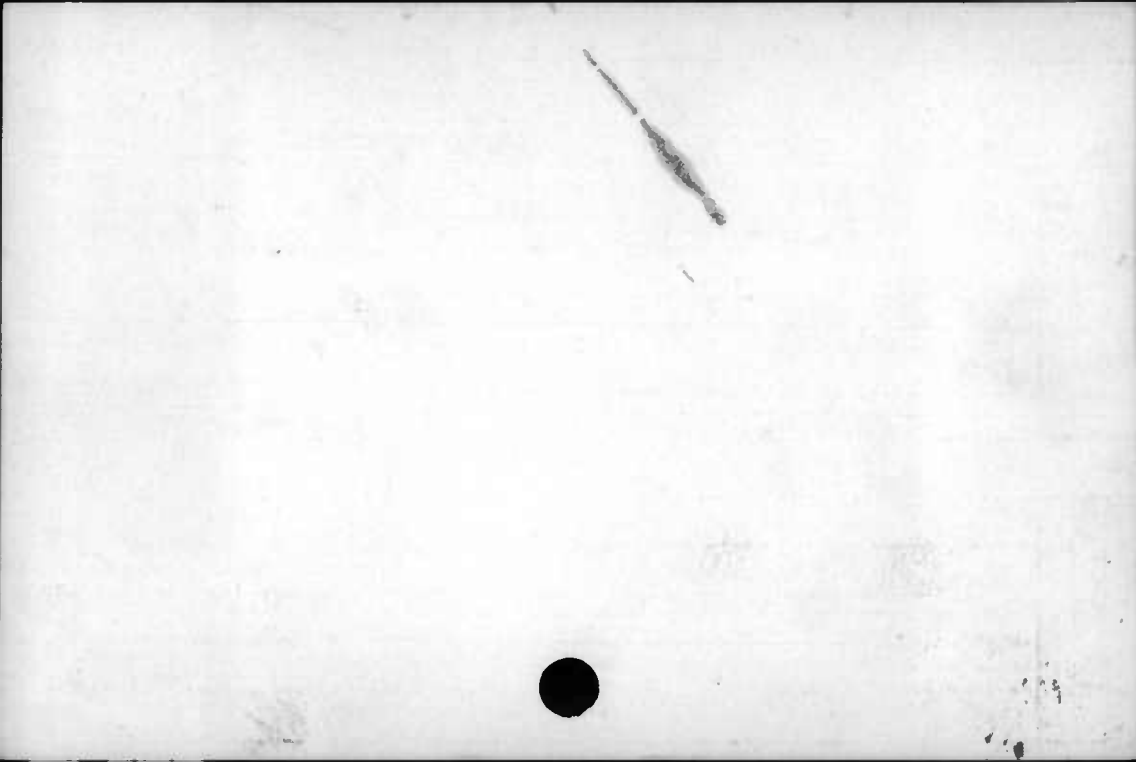
Died at <i>Grange</i> ^{Town}		<i>Balto.</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>Aug</i> ^{Month}	<i>1</i> ^{Day}	Age <i>Six</i> ^{Years}	<i>Months</i>	<i>2 hours</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Grange, B.C.</i>			
Occupation <i>Infant</i>	Where Residing if not at place of death <i>Place of Death</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Infant</i>				
Father's Name <i>Wladislav Kozik</i>	Father's Birthplace <i>Austria</i>				
Mother's Maiden Name <i>Julia Ghita</i>	Mother's Birthplace <i>Austria</i>				
Name of person giving information <i>Wladislav Kozik</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

13-2

PHYSICIAN
OR CORONER

Primary <i>Premature</i>	How long <i>_____</i>
Immediate <i>Suffocation</i>	How long <i>_____</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>P.A. Dunningan</i>
Accident or Suicide? <i>Natural</i>	Address <i>203 Towne St. Coroner</i>



Name
in
Full

Charles F. Kremer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Canton</u> ^{Town}		<u>Balto</u> ^{County}		MARYLAND	
Date of death	<u>1907</u>	Month <u>Aug.</u>	Day <u>20th</u>	Age <u>—</u>	Months <u>7</u> Days <u>13</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Balto Co.</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Theodore Kremer</u>		Father's Birthplace <u>Balto Co.</u>			
Mother's Maiden Name <u>Katharine A. Donnelly</u>		Mother's Birthplace <u>Balto Md.</u>			
Name of person giving information <u>Theodore Kremer</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary <u>Dysentery</u>	How long <u>4 weeks</u>
Immediate <u>Marasmus</u>	How long <u>10 days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>W. L. Burke MD</u>
	Address <u>3042 Hudson St</u>
Accident or Suicide? <u>—</u>	

Sacred Heart Cemetery

Aug 22 nd 1907.

Germanus France

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

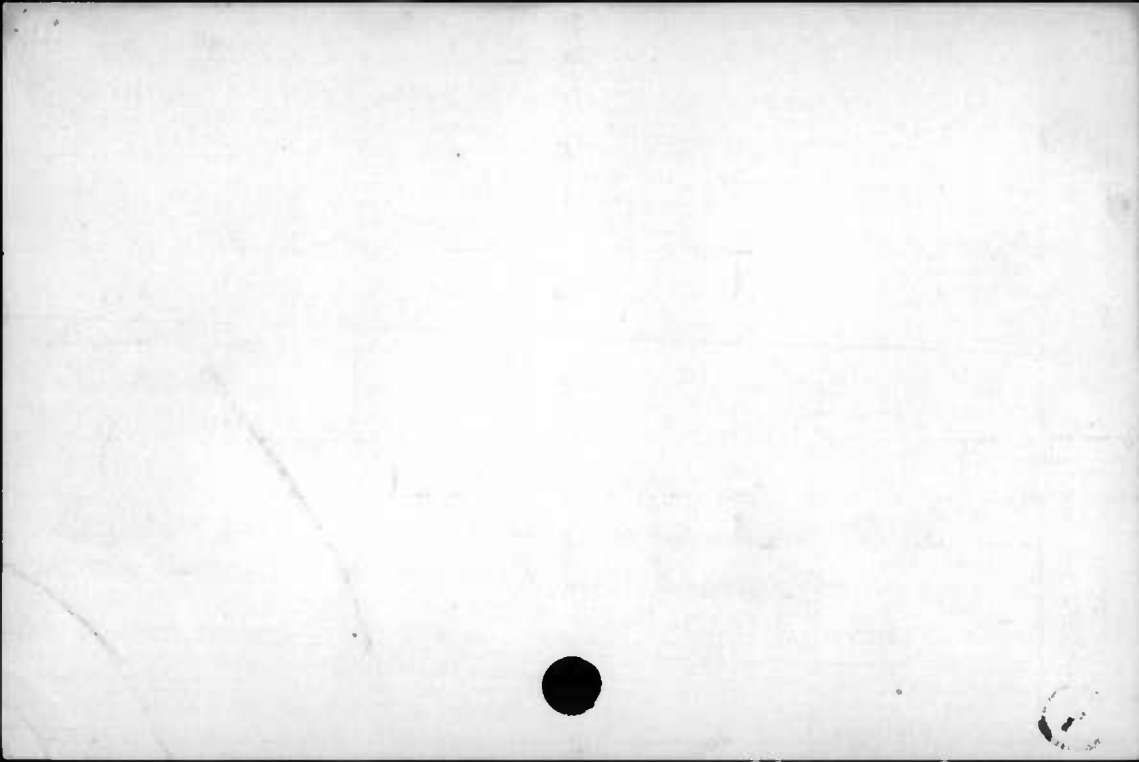
Name in Full <i>John Kusak</i>		Town <i>Spencer Point</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Spencer Point</i>		Month <i>May</i>		Day <i>8</i>		Age <i>—</i>	
Date of death <i>1907</i>		Month <i>May</i>		Day <i>8</i>		Months <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Spencer Point</i>		Days <i>—</i>	
Occupation <i>None</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widowed</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>Shundana Kusak</i>				Father's Birthplace <i>Croatia</i>			
Mother's Maiden Name <i>Wester Bookley</i>				Mother's Birthplace <i>Croatia</i>			
Name of person giving information <i>Wester Bookley</i>				How related to deceased <i>Wester</i>			

CAUSES OF DEATH

105

PHYSICIAN
CORONER

Primary <i>Cholera Infantum</i>	How long <i>45 hours</i>
Immediate <i>Exhaustion</i>	How long <i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. E. Elder</i>
	Address <i>Spencer Point</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Theodora Lee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND


MARYLAND

Died at <i>Philopolis</i> Town		<i>Balto</i> County			
Date of death <i>1907</i>	Month <i>Aug</i>	Day <i>28</i>	Age <i>6</i> Years	Months <i>18</i>	Days <i>18</i>
Sex <i>Male</i>	Color or Race <i>colored</i>	Birth-place <i>Balto Co</i>			
Occupation	Where Residing if not at place of death <i>Philopolis</i>				
<input type="checkbox"/> Married, Single <input type="checkbox"/> Widowed	Name of Wife or Husband				
Father's Name <i>Wam Lee</i>	<input checked="" type="checkbox"/> Father's Birthplace <i>Balto Co</i>				
Mother's Maiden Name <i>Lila Shorter</i>	<input checked="" type="checkbox"/> Mother's Birthplace <i>Balto Co</i>				
Name of person giving Information <i>Lena Hopkins</i>	<input checked="" type="checkbox"/> How related to deceased <i>Grand Mother</i>				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Acute Gastro. Enteric infection</i>	How long <i>9 days</i>
Immediate <i>Exhaustion</i>	How long <i>9 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. L. Shumantins M. D.</i>
	Address 
Accident or Suicide?	

Intermed at Stevenage
Chapelle May 30

M. C. Birch

Name
in
Full

Luke Logan Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Leockysville* Town-*Bach.* County

MARYLAND

Date *Aug 7* of death *1907* Month *Aug*Day *7*Age *23* YearsMonths *2*Days *11*Sex *Male*Color or Race *white*Birth-place *Ashtand Md*Occupation *Stenographer*

Where Residing if not at place of death

Married, Single or Widowed *Single*

Name of Wife or Husband

Father's Name *Luke Logan*Father's Birthplace *Ireland*Mother's Maiden Name *Bridges Keilen*Mother's Birthplace *Ireland*Name of person giving information *J. J. Logan*How related to deceased *Brother*

CAUSES OF DEATH

27

Primary *Tuberculosis Pulmonalis*How long *3 years*Immediate *Pneumonia*How long *4 days*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *D. F. Buser*
Address *Leckysville Md*

Accident or Suicide?

PHYSICIAN
OR CORONER

1

To be buried at
St. Joseph's Church,

Texas.

Please return by
first mail.

J. H. Eussor

Timonium, Md

Name
in
Full

Annie M. E. Long

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Austertown</i>		Town <i>Balto</i>		County		MARYLAND	
Date of death <i>1907</i>	Month <i>aug</i>	Day <i>16</i>	Age <i>1</i>	Years <i>1</i>	Months <i>1</i>	Days	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Balto co m d</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband				
Father's Name <i>Stennellish Wheeler</i>			Father's Birthplace <i>Balto. co. m. d</i>				
Mother's Maiden Name <i>Ellie Long</i>			Mother's Birthplace				
Name of person giving information <i>Martha Long</i>			How related to deceased <i>Grand mother</i>				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>24 hours</i>
Immediate <i>Cholera Infantum</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W H Campbell</i>
	Address <i>Cummings Mills Md</i>
Accident or Suicide?	



Name
in
Full

un-named (Lowe) (Stillborn child)

CERTIFICATE OF DEATH

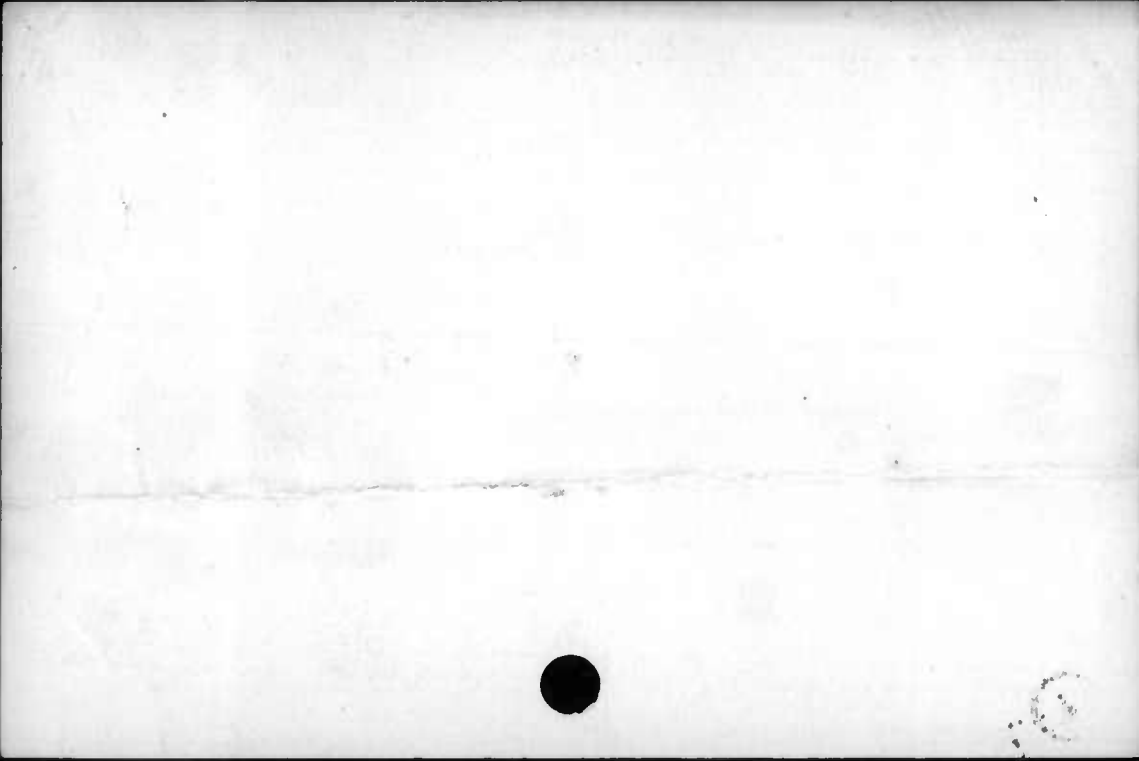
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Carney</i> Town		<i>Baltimore</i> County.		MARYLAND	
Date of death <i>1907</i>	Month <i>Aug</i>	Day	Age	Years	Months
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Carney</i>		
Occupation <i>none</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Clarence Lowe</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Elizabeth Wagner</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Clarence Lowe</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Failure of Vital Forces</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Mr. J. W. Whiteford</i>
		Address <i>Parkville, Md.</i>
Accident or Suicide?		



Name
in
Full

George Lurz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Beauty Beach Park		Baltimore		Maryland	
Date of death		Month	Day	Years	Months	Days	
1907		Aug.	18	Age	40		
Sex	Male	Color or Race	White	Birth-place	Md.		
Occupation	Hotel Keeper			Where Residing if not at place of death			
Married, Single or Widowed	Married			Name of Wife or Husband			
Maggie Lennits							
Father's Name	Michael Lurz			Father's Birthplace	Germany		
Mother's Maiden Name	dont know			Mother's Birthplace	"		
Name of person giving information	Maggie Lurz			How related to deceased	Wife		

CAUSES OF DEATH

Primary

beatitis

123

How long

How long

Immediate

the phritis

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

M. J. White, M.D.

114 E. Broadway

Accident or Suicide?

St Alphonsus Cemetery

Aug. 22nd 1907

Germanus Thane

Undertaker

Name
in
Full

John S Lynch M.D.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Pikesville		County Baltimore		MARYLAND	
Date of death		Month		Day		Years	
1907		Aug		11		Age 76	
Sex		Color or Race		Birthplace		Months	
Male		White		Md.		10	
Occupation		Where Residing if not at place of death					
Physician							
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
Bry A Lynch		Md.					
Mother's Maiden Name		Mother's Birthplace					
Nathaniel C Leaden		"					
Name of person giving information		How related to deceased					
Sidney Grafton		Don't know.					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Leakage of neck	How long	45	don't know
Immediate	Exhaustion	How long	"	"
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
yes		M. O. E. Myn		
		Address		
		Pikesville Md.		
Accident or Suicide?				

Wm. Taylor

MARTIN FAHEY & SONS,
Funeral Directors & Embalmers,

606 & 608 W. LaFayette Ave.

TELEPHONE 1993, 

Mt. Olive Cemetery

Name
in
Full

Ann Alverda McCoy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

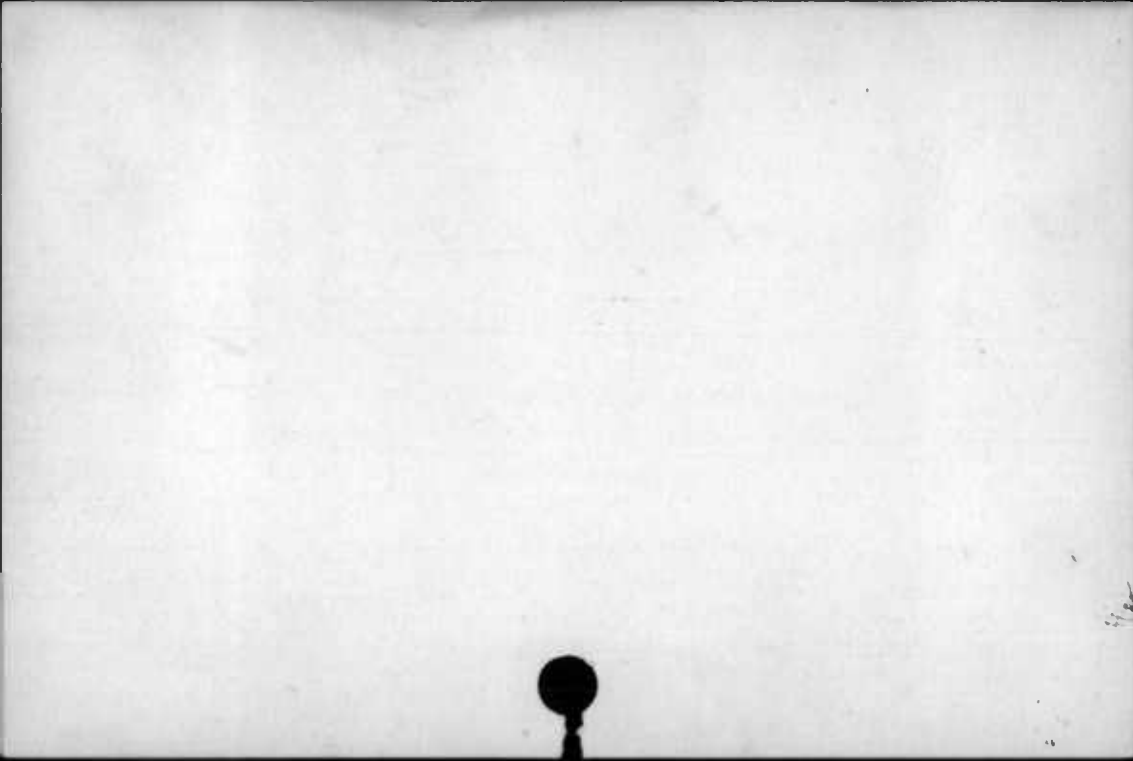
Died at		Rivertown		Baltimore		MARYLAND	
Date of death		1907	Month Aug.	Day 13	Age 67	Months 0	Days 2
Sex		Female		Color or Race White		Birth-place Baltimore	
Occupation Housekeeper				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Wm. McCoy				Father's Birthplace Baltimore			
Mother's Maiden Name Mary Smith				Mother's Birthplace "			
Name of person giving information Mrs. J. V. Brown				How related to deceased Sister			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Valvular disease of the heart -	How long	Two years -
Immediate	Dropsy	How long	Two months -
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		Louis W. Knight M.D.	
Address		414 N. Greene St.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Cephas D. McFarland

Died at *Parkville* Town *Balto.* County

Date of death *1907 Aug. 23* Month Day Age *69* Years Months *6* Days *28*

Sex *Male* Color or Race *White* Birth-place *Pennsylvania*

Occupation *Attorney* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Clara Sachse*

Father's Name *Unknown* Father's Birthplace *Pennsylvania*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving information *Clara McFarland* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Gastritis* *104* How long *10 days*

Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician *M. J. Whitford*

Address *Parkville Ind.*

Accident or Suicide?



Name
In
Full

Francis Ross McKenrick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pikesville</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>Aug.</i>	Day <i>16</i>	Age	Years <i>5</i>	Months <i>30</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Balt. Md.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Carl R. McKenrick</i>			Father's Birthplace <i>N.Y.</i>		
Mother's Maiden Name <i>Liliana Danner</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Carl R. McKenrick</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantis</i>	How long <i>See above</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>G. M. Litzinger M.D.</i>
	Address <i>212 N. Franklin St - Baltimore Md -</i>
Accident or Suicide?	

E. D. Selby & Co.

Omaha Ridge -

Name
in
Full

James F. McKinney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Canton Town

County

Balto.

MARYLAND

Date of death 1907 Aug. MonthDay 2Age — YearsMonths 6Days 27Sex MaleColor or
RaceWhiteBirth-
placeMd.

Occupation

Where Residing if not
at place of death1020 Bouldin St.Married, Single
or Widowed —Name of Wife or
Husband —Father's
NameFrances S. McKinneyFather's
BirthplacePa.Mother's
Maiden NameAnnie YeagerMother's
BirthplaceMd.Name of person giving
InformationFrances S. McKinneyHow related
to deceasedFather

CAUSES OF DEATH

Primary

Gastro Enteritis

How long

1 mo.

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

C. M. PhleyPHYSICIAN
OR CORONER

Accident or Suicide?

Secret Heart Sem.

Girklet Girklet
1739 E. Cager St.

Aug. 4-1907

Name
in
Full

Richard Madden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Belle View		Balto.		MARYLAND	
Date of death	1907	Month	8	Day	14	Age	44
Sex		Male		Color or Race		White	
Occupation		Printer		Birth-place		Balto.	
Where Residing if not at place of death		Belle View					
Married, Single or Widowed		Married		Name of Wife or Husband		Kate Madden	
Father's Name		William Madden				Father's Birthplace	
Mother's Maiden Name		Martha King				Mother's Birthplace	
Name of person giving information		Kate Madden				How related to deceased	
						Wife	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Chronic Nephritis	How long	1 - 2 years
Immediate	Uremia	How long	10 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Gustavus Ch. Dohme, M.D.	
Address		1808 Guilford Ave Balto.	
Accident or Suicide?			

Mt Carmel Tenn,
Memory for
2008 Orleans

8/17/07

Name
in
Full

CERTIFICATE OF DEATH

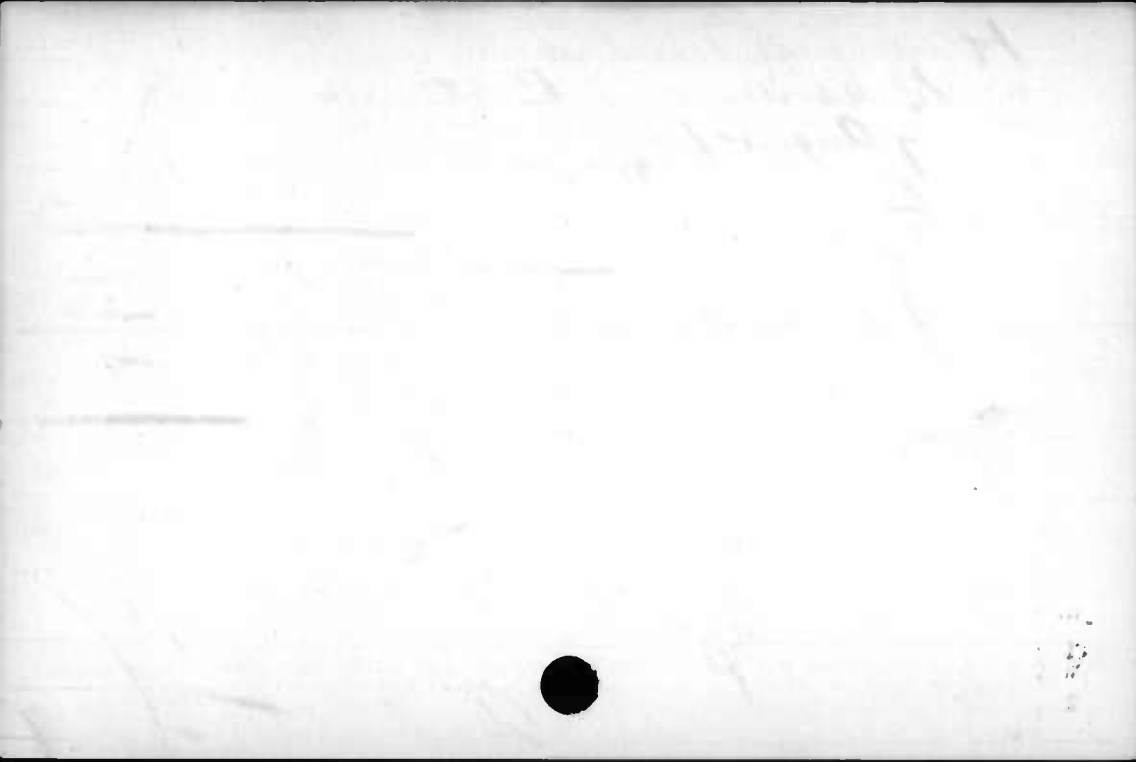
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Harry W. Marshall</i>		Town <i>Rossiter</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Died at		Date of death <i>1907</i>		Month <i>August</i>		Day <i>first</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Age <i>33</i>		Years <i>33</i>	
Occupation <i>Fireman</i>		Birth- place <i>Baltimore</i>		Months		Days	
Where Residing if not at place of death							
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>John W. Marshall</i>		Father's Birthplace <i>Baltimore</i>					
Mother's Maiden Name <i>Mary E.</i>		Mother's Birthplace <i>Baltimore</i>					
Name of person giving Information <i>Thomas Murphy</i>		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
CORONER

Primary <i>Drowning</i>	How long <i>172</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James Gibney, Coroner</i>
	Address <i>Accidental</i>
Accident or Suicide?	



Name
In
Full

Harry Marshall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

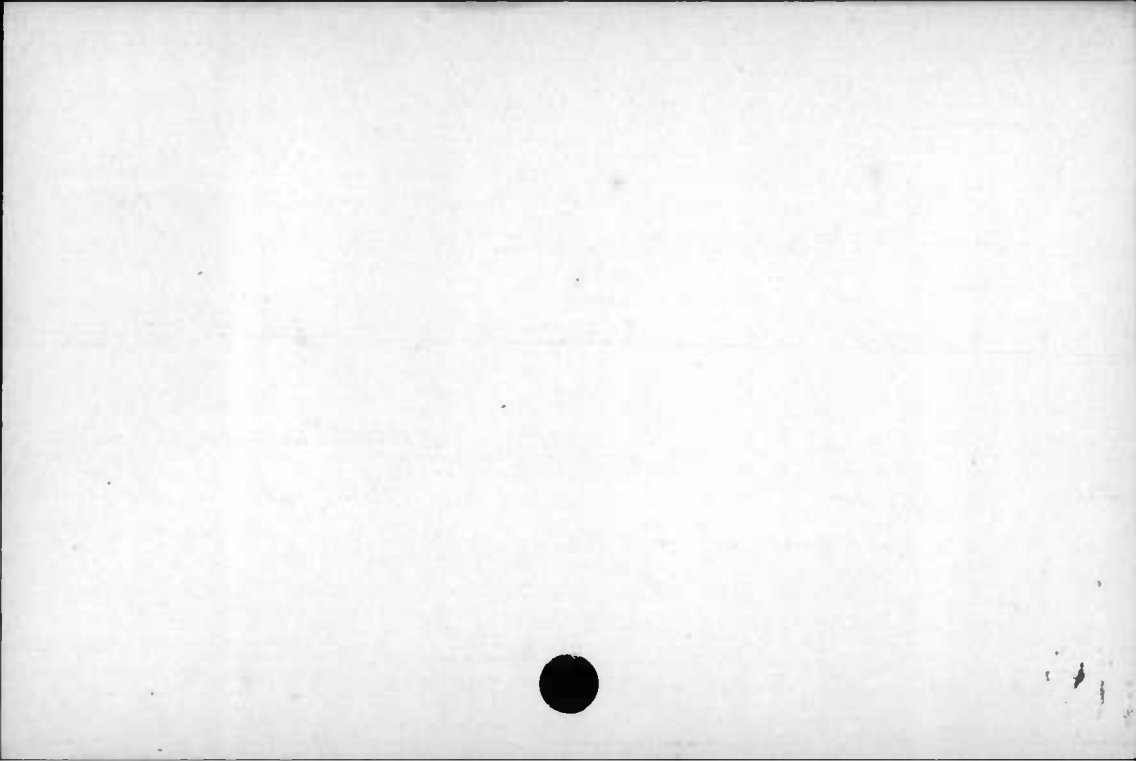
Died at <i>Mt Hope</i> Town <i>Retriah</i> County <i>Balto</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Aug</i>	Day <i>30</i>	Years <i>30</i>
Sex <i>Male</i>		Color or Race <i>White</i>	Birth-place <i>not known</i>
Occupation <i>Livery man</i>		Where Residing if not at place of death <i>Pa.</i>	
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>re</i>		
Father's Name <i>not known</i>	Father's Birthplace <i>not known</i>		
Mother's Maiden Name <i>" "</i>	Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Reeds Mt Hope</i>	How related to deceased <i>not at all</i>		

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary <i>Mania Acute</i>	How long <i>4 mos.</i>
Immediate <i>Ex-Enduritis-Toxic</i>	How long <i>abt 2 wks.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Forank J. Flannery</i>
	Address <i>Sub Registrar Mt Hope Retriah</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

William Paul Michelfelder
Town
Fulleton
County
Baltimore

MARYLAND

Died at

Date

of death 1907

Month

Aug

Day

5

Age

Years

Months

Days

30

Sex

male

Color or
Race

white

Birth-
place

Fulleton

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Paul Michelfelder

Father's
Birthplace

Germany

Mother's
Maiden Name

Clara Baumgardner

Mother's
Birthplace

New York

Name of person giving
Information

Paul Michelfelder

How related
to deceased

father

CAUSES OF DEATH

105

Primary

Cholera Infantum

How long

about 1 week

Immediate

Exhaustion

How long

Several hours

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Liegard J. Whiteford
Fulleton, Md.

To best of my knowledge

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Enterment Hiss Court
Horsford Road
Geo. W. Grammer
Undertaker

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		190	7	8	25	Age	Years
Sex		Male		Color or Race		White	
Occupation				Birth-place		Baltimore	
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Louis S. Munnings		Father's Birthplace		Maryland	
Mother's Maiden Name		Margaret Helmerich		Mother's Birthplace		Maryland	
Name of person giving information		Louis S. Munnings		How related to deceased		Father	

CAUSES OF DEATH

105-

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long	4 weeks
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		M. J. Whiteford	
Address		Parkville, Md.	
Accident or Suicide?			

Entertainment St Joseph's
Cemetery Belair Road

Geo. W. Grammer
Under Lake

Name
in
Full

Margaret Mennings

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bayview</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>Aug.</i>	Day <i>12</i>	Years <i>19</i>	Months <i>7</i>	Days <i>18</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>House-wife</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Louis Leonard Mennings</i>				
Father's Name <i>Frank Belmont</i>	Father's Birthplace <i>Germany</i>		Mother's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Eva Reinhold</i>	How related to deceased <i>Husband</i>				
Name of person giving information <i>Louis Mennings</i>					

CAUSES OF DEATH

134

PHYSICIAN
OR CORONER

Primary <i>Pregnancy</i>	How long <i>9 mo</i>
Immediate <i>Acute toxemia - shock -</i>	How long <i>—</i>

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

Wm E. Hiteford
Parkville, Mo.

Accident or Suicide? *—*

Entertainment
St Josephs
Cent Beloit Road

Geo W. Grammer
undertaker

Name
in
Full

Mrs Francis A. Murryman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Butter</i> ^{Town}		<i>Balto.</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>Aug</i>	Day <i>24</i>	Age <i>77</i>	Months <i>2</i>	Days <i>15</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Princeton Md</i>		
Occupation <i>Seamstress</i>		Where Residing if not at place of death <i>Butter Md</i>			
Married <input type="checkbox"/> Single <input checked="" type="checkbox"/> Widowed		Name or Wife or Husband <i>John E. Murryman (Died)</i>			
Father's Name <i>John W. Brownell</i>		Father's Birthplace <i>Stutgard Ill.</i>			
Mother's Maiden Name <i>Christina Trogler</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Miss Ella F. Murryman</i>		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

(63)

PHYSICIAN
OR CORONER

Primary <i>General Sclerosis of Brain</i>	How long <i>Four years</i>
Immediate <i>Heart failure</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Brach</i>
	Address <i>Butter Md</i>
Accident or Suicide?	

Bosley 26

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Henry W. Millie

Died at *Boston* ^{Town} *Maryland* ^{County} **MARYLAND**

Date of death | 90 | *7* ^{Month} *August* ^{Day} *17* Age ^{Years} *1.0* ^{Months} *—* ^{Days} *—*

Sex *male* Color or Race *white* Birth-place *red*

Occupation *none* Where Residing if not at place of death *220 D. First St.*

Married, Single or Widowed *Single* Name of Wife or Husband *none*

Father's Name *Wm. Millie* Father's Birthplace *red*

Mother's Maiden Name *Katie E. Millie* Mother's Birthplace *"*

Name of person giving information *Sister*

CAUSES OF DEATH

172

Primary *drowning* How long *immediate*

Immediate *suffocation* How long *"*

Are the name, age, sex, color, date and place correctly given above? *yes.*

Signature of Physician *P. A. Drummigan*

Address *203 Toone St.*

Accident or Suicide? *Accident*

PHYSICIAN
CORONER

P. A. Drummigan

Schwartz's Cemetery

Aug 20/07 -

Wm Cook

502 E North Av

Name
in
Full

Andrew J. Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

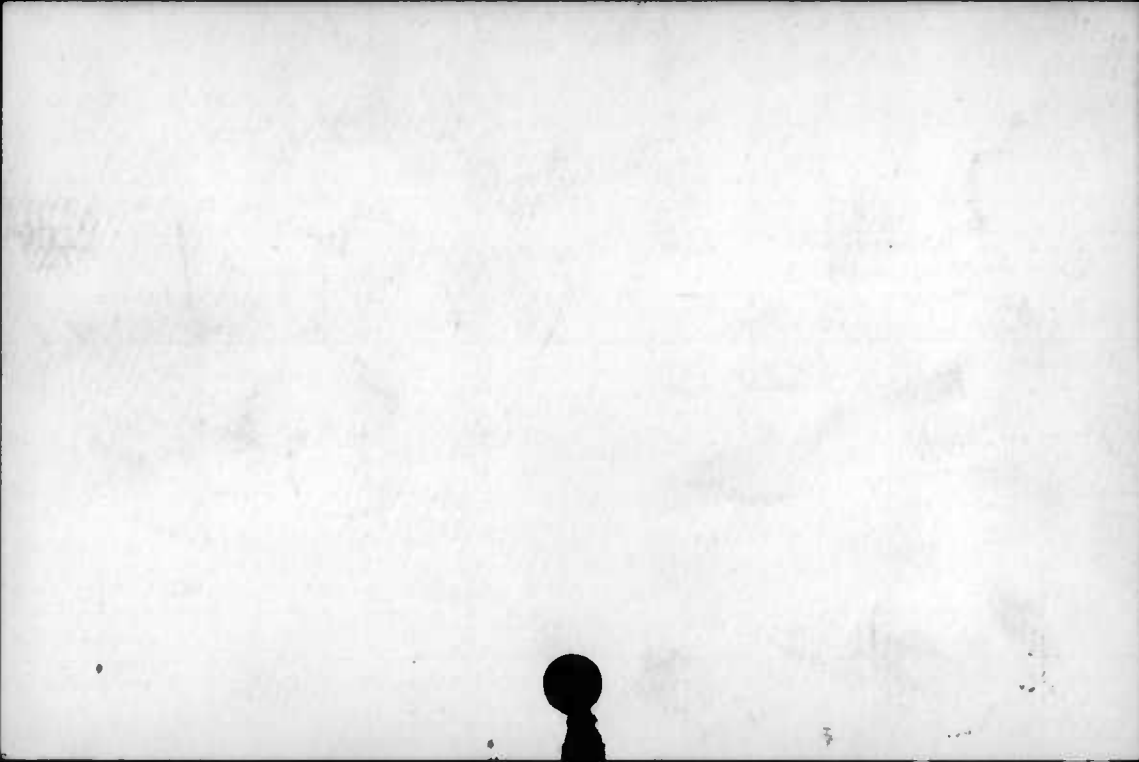
Died at		Town Chase		County Balto		MARYLAND	
Date of death 190		Month Aug	Day 11	Age 74	Years	Months	Days
Sex Male		Color or Race White		Birth-place Balto			
Occupation Painter		Where Residing if not at place of death Chase Md					
Married, Single or Widowed Widower		Name of Wife or Husband Julia A. Miller Deceased					
Father's Name Unknown		Father's Birthplace Unknown					
Mother's Maiden Name Unknown		Mother's Birthplace Unknown					
Name of person giving information Abelaide Miller		How related to deceased Daughter					

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	Cerebral apoplexy	How long	3 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		B. V. Mason	
Address		Crossroads Md	
Accident or Suicide?			



Name
in
Full

Edward Minnegan

CERTIFICATE OF DEATH

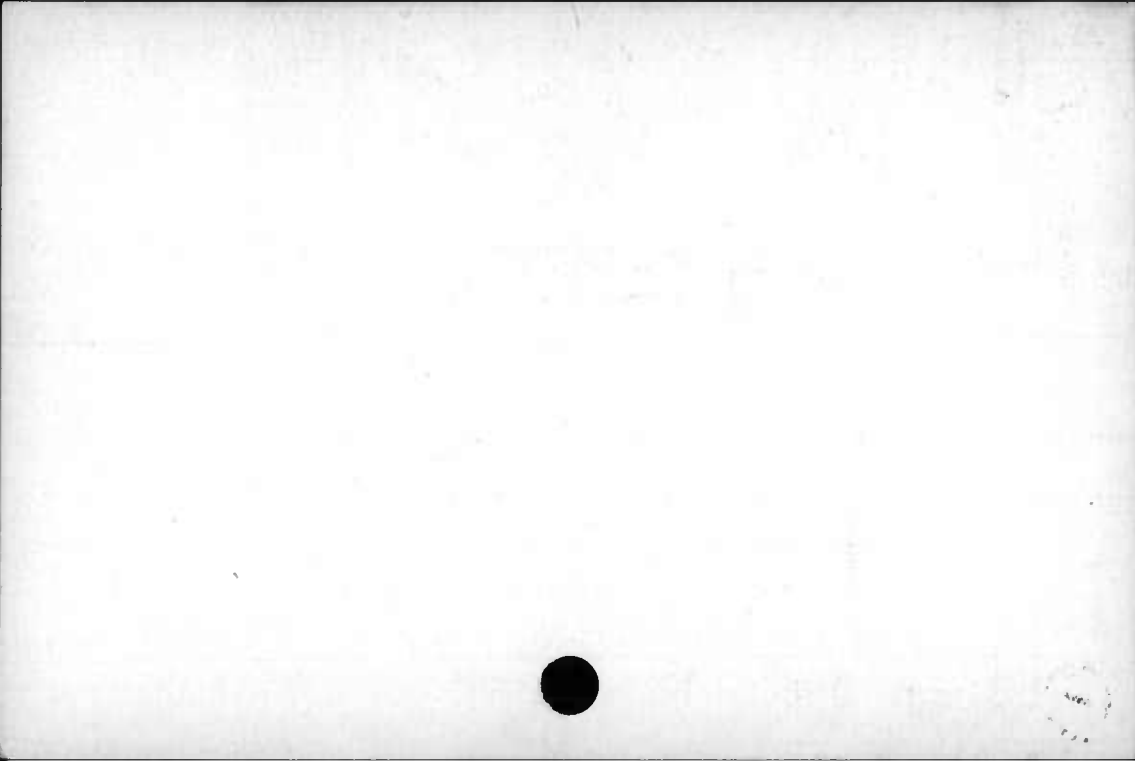
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Boring</i> Town		County <i>Balk</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>8</i>	Day <i>9</i>	Age <i>68</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>Ind</i>		
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>widower</i>	Name of Wife or Husband <i>Harriet Thompson</i>				
Father's Name <i>unknown</i>	Father's Birthplace <i>unknown</i>				
Mother's Maiden Name <i>unknown</i>	Mother's Birthplace <i>do</i>				
Name of person giving information <i>Luke Wyggs</i>	How related to deceased <i>none</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>66</i>
Immediate	How long <i>3 or 4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo H Wilson M.D.</i>
	Address <i>Twinsburg Ind</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George Moelfinger

Died at ^{Town} Orangeville^{County} Baltimore

MARYLAND

Date of death 1907 ^{Month} Aug ^{Day} 1st ^{Age} 57 ^{Years}^{Months} ^{Days}Sex Male ^{Color or Race} white^{Birth-place} Md

Occupation Laborer

Where Residing if not at place of death Orangeville Md.

Married, Single or Widowed Single

Name of Wife or Husband None

Father's Name Unknown

Father's Birthplace Unknown

Mother's Maiden Name Unknown

Mother's Birthplace "

Name of person giving information John Hopstetter

How related to deceased Friend

CAUSES OF DEATH

Primary ~~Kidney~~ Kidney trouble ^{How long} 3 monthsImmediate Accute attack of that trouble ^{How long} 1/2 hour.

Are the name, age, sex, color, date and place correctly given above? Yes.

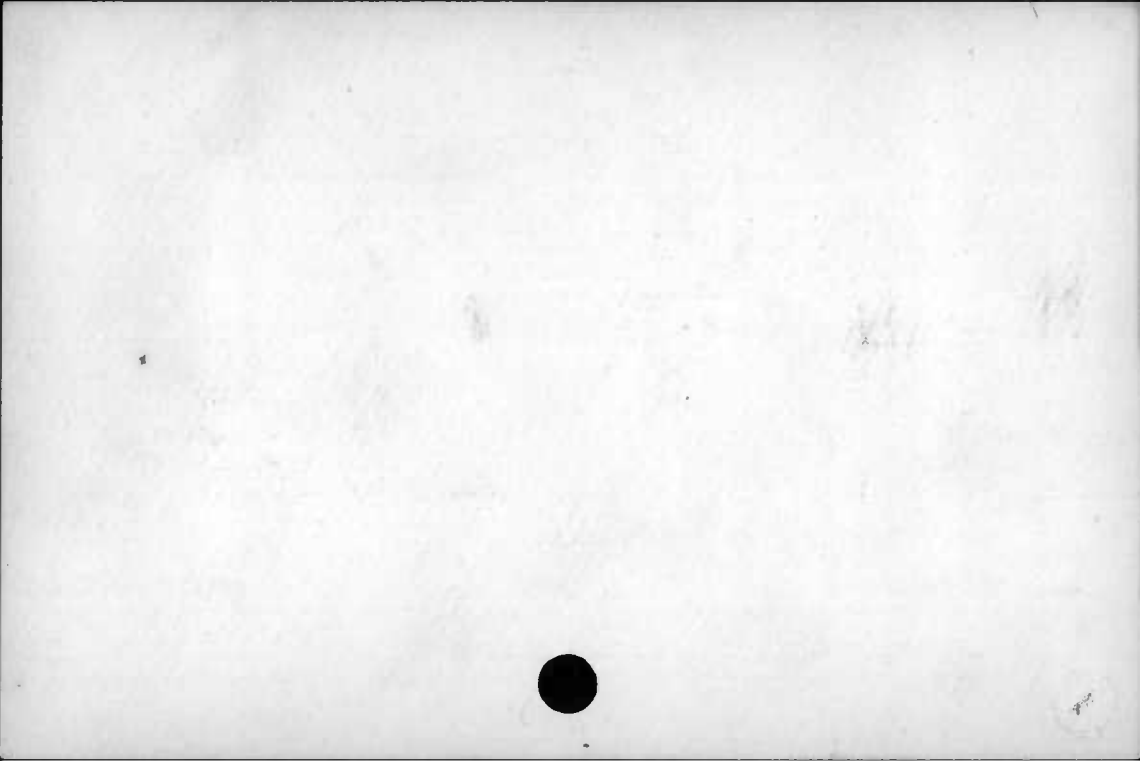
Signature of Physician P. A. Dummigan

Address 203 Towne St.

Accident or Suicide? Natural

Coroner

PHYSICIAN,
OR CORONER



Name
in
Full

Ella. Gassaway Mohler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

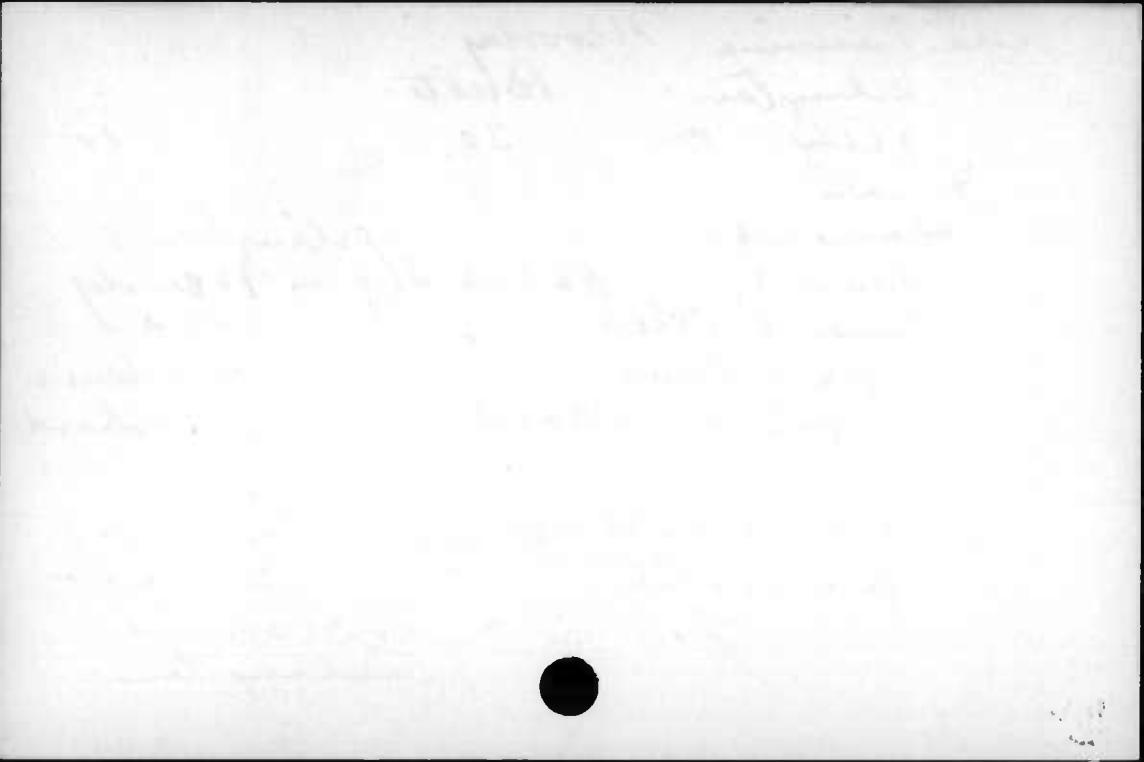
Died at <i>Baltimore</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>Aug.</i>	Day <i>28</i>	Age <i>—</i>	Months <i>7</i>	Days <i>22</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Frank L. Mohler</i>			Father's Birthplace <i>Baltimore</i>		
Mother's Maiden Name <i>Lilly A. Brown</i>			Mother's Birthplace <i>Woodstock Md</i>		
Name of person giving information <i>F L Mohler</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Mycotic Diarrhoea</i>	How long <i>2 wks</i>
Immediate <i>Asthma</i>	How long <i>1 "</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr Charles L. Maffield</i>
	Address <i>Baltimore Md.</i>
Accident or Suicide?	



Name
in
Full

Ada Louvina Moody.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

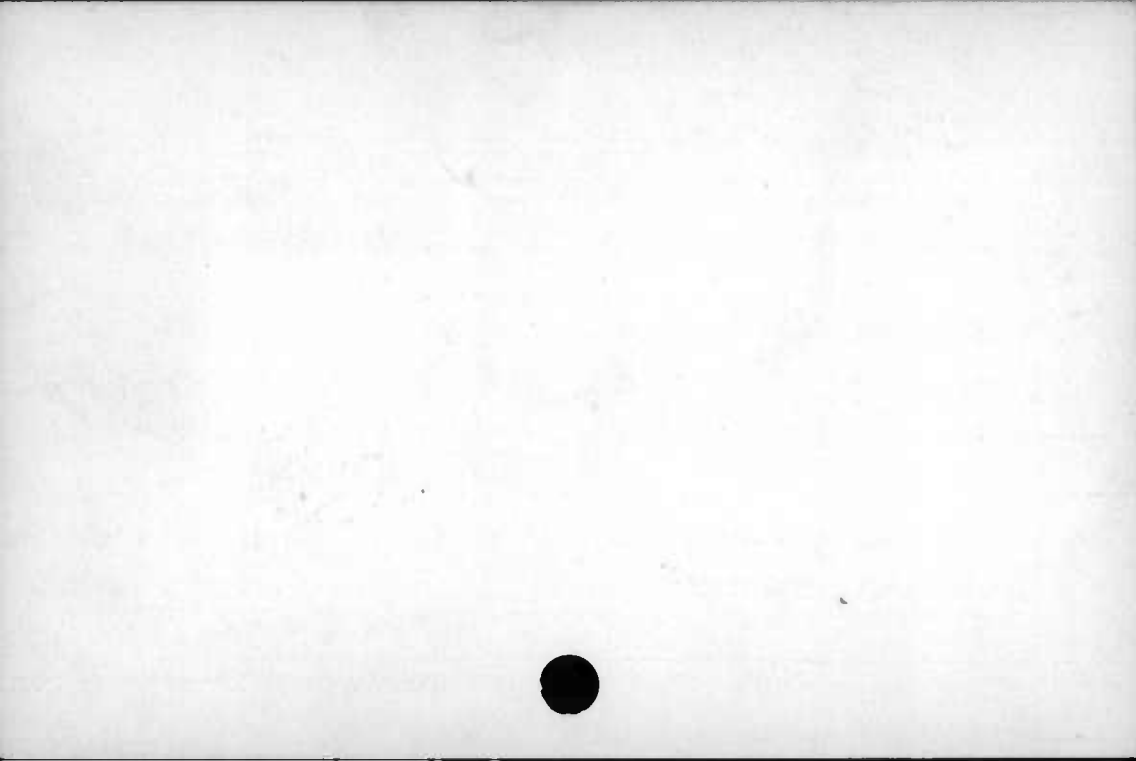
Died at <i>Arlington</i> ^{Town}		<i>Balto.</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>Aug</i>	Day <i>14</i>	Age <i>30</i> Years	Months <i>10</i> Days
Sex <i>Female</i>	Color or Race <i>N</i>		Birth-place <i>Arlington</i>		
Occupation <i>House wife</i>	Where Residing if not at place of death <i>Arlington</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Robert Thomas Moody</i>				
Father's Name <i>Amos Little</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace <i>Don't know</i>				
Name of person giving information <i>Robert T. Moody</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of Lungs</i>	How long <i>2 years</i>
Immediate <i>Exhaustion</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yr.</i>	Signature of Physician <i>H. Cooper</i>
	Address <i>Arlington</i>
Accident or Suicide?	



Name
in
Full

Edith Elizabeth Mooney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Gerantown* ^{County} *Baltimore* ^{State} *MARYLAND*

Date of death *1907 Aug. 29* Age *1* Months *4* Days *13*

Sex *Female* Color or Race *white* Birth-place *Balto city*

Occupation *Infant* Where Residing if not at place of death *Gerantown Md.*

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *Robert S. Mooney* Father's Birthplace *Balto city*

Mother's Maiden Name *Vergie S. Ray* Mother's Birthplace *Balto city*

Name of person giving information *Vergie Mooney* How related to deceased *Mother*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary *Ills - Colic* How long *1. Month*

Immediate *Anaemia* How long *"*

Are the name, age, sex, color, date and place correctly given above? *Yes.*

Signature of Physician *H. C. Harris Md.*

Address *Sta 44 (Gerantown) Balto Md.*

Accident or Suicide? *Neither*

Evans & Spence
118 & 120 W. Mt. Royal Ave.
London Park Cemetery

Name
in
Full

Edna Irene Moon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Highland</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1907	Month <i>Aug</i>	Day <i>27</i>	Age	Years	Months <i>4</i>	Days <i>12</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Baltimore</i>				
Occupation <i>None</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Charles Moon</i>		Father's Birthplace <i>Baltimore</i>					
Mother's Maiden Name <i>Clara Baxter</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving in formation <i>Charles Moon</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	How long <i>3 days</i>
Immediate <i>Summer complaint</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>David A. Thompson</i>
	Address <i>1500 Highland Ave</i>
	<i>Baltimore County Md.</i>
Accident or Suicide?	

Mount Olivet Cemetery
H. Sander Sons

Name
in
Full

Nicholas Moscato

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Canton</i>		County <i>Balto</i>		MARYLAND	
Date of death		1907	Month <i>Aug.</i>	Day <i>2</i>	Age <i>4</i>	Years <i>6</i>	Months <i>11</i>
Sex		<i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Canton</i>	
Occupation <i>none</i>				Where Residing if not at place of death <i>509 O'Sonnell St.</i>			
Married, Single or Widowed		<i>S.</i>		Name of Wife or Husband <i>John</i>			
Father's Name		<i>John Moscato</i>				Father's Birthplace <i>Italy</i>	
Mother's Maiden Name		<i>Catherine Solottard</i>				Mother's Birthplace	
Name of person giving information		<i>Julius Moscato</i>				How related to deceased <i>Uncle</i>	

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary	<i>Disentery</i>	How long	<i>10 days</i>
Immediate	<i>Aschemia</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. L. Burke</i>	
<i>JRO</i>		Address <i>3032 Hudson St</i>	
Accident or Suicide?			

Wendell Dippell & Son
Holy Rosary Cmn

Name
in
Full

Robert C. Munden Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Highlandtown		County Baltimore		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
190		8	12		-	1	21
Sex		Color or Race		Birth-place			
male		White		Phila. Pa.			
Occupation				Where Residing if not at place of death			
				102 belgate ave			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Robert C. Munden				Father's Birthplace	
						Lexes.	
Mother's Maiden Name		Magdalena Williams				Mother's Birthplace	
						Phila. Pa.	
Name of person giving information		Robert C. Munden				How related to deceased	
						Father	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Cholera infantum	How long	14 da
Immediate	Exhaustion	How long	Six da.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Burr. D. Hayden M.D.	
		Address	
		1216 N. Caroline St.	
		Baltimore	
Accident or Suicide?			

Trinity Bern.

Hernig & son

8/14/07

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Towson</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>8</i> ^{Month}	<i>7</i> ^{Day}	<i>72</i> ^{Years}	<i>8</i> ^{Months}	<i>-</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>Irish</i>		Birth-place <i>Ireland</i>		
Occupation <i>Wife</i>	Where Residing if not at place of death <i>Towson</i>				
Married, Single or Widowed <i>widowed</i>	Name of Wife or Husband <i>Daniel Murphy, deceased</i>				
Father's Name <i>Timothy Cronin</i>	Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Katherine Desmond</i>	Mother's Birthplace <i>Ireland</i>				
Name of person giving information <i>Mary Murphy</i>	How related <i>daughter</i>				

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Supposed Auto Angiosclerosis</i>	How long <i>one night</i>
Immediate <i>Cardiac Depression</i>	How long <i>one hour</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. B. Massenburg M.D.</i>
<i>Yes</i>	Address <i>Towson Md</i>
Accident or Suicide? <i>neither, no medical attendance</i>	<i>Joseph B. Herbert, Coroner</i>



Mathew Codrigan

696 N. Mulberry St

St Mary's

Gerrard Town

Name
in
Full

Blanch G. Myers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Howardville</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>8</i>	Day <i>11</i>	Age <i>34</i> Years	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Carroll Co.</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Howardville</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Clarence F. Myers</i>				
Father's Name <i>John F. Raver</i>	Father's Birthplace <i>Carroll Co.</i>				
Mother's Maiden Name <i>Elizabeth Bond</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Clarence F. Myers</i>	How related to deceased <i>"</i>				

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary <i>Melancholia</i>	How long <i>1 year.</i>
Immediate <i>Paralysis & Phrenitis</i>	How long <i>2 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>W. L. O'Connell</i>
	Address <i>Arlington</i>
Accident or Suicide? <i>—</i>	

Jacob H. Knapp
Surveyor General
Anchorage, Alaska

Name
in
Full

Frederick Godfrey Myers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death	1907	Month	8	Day	22
Sex	Male	Color or Race	White	Age	5
Occupation	—		Where Residing if not at place of death	411 Boulder St	
Married, Single or Widowed	Single	Name of Wife or Husband	—		
Father's Name	Henry Myers		Father's Birthplace	Balto Co	
Mother's Maiden Name	Carrie Storff		Mother's Birthplace	Balto Co	
Name of person giving information	Henry Myers		How related to deceased	Father	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>3 weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Dr. L. P. Max M.D.</i>
		Address	<i>3. and Gough Highlandtown Md</i>
Accident or Suicide?	<i>No</i>		

Oak Lawn Cemetery

Herwig & Son

8/23/07

Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Name in Full <i>Uletta Elizabeth Nalle</i>		Town <i>Sparrow Point</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Died at <i>Sparrow Point</i>		Date of death <i>1907 Aug 31ST</i>		Age <i>7</i> Years <i>7</i> Months <i></i> Days			
Sex <i>Female</i>		Color or Race <i>colored</i>		Birth-place <i>Sp. Pt.</i>			
Married, Single or Widowed <i>Single</i>				Occupation <i></i>			
Name of Wife or Husband <i></i>							
Father's Name <i>Geo. N. Nalle</i>				Father's Birthplace <i>Va</i>			
Mother's Maiden Name <i>Maggie Davis</i>				Mother's Birthplace <i>Va</i>			
Name of person giving information <i>Geo. N. Nalle</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Enterocolitis</i>	How long <i>4 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. P. McConick M.D.</i>
	Address <i>Sparrow Point Md.</i>
Accident or Suicide? <i>no</i>	

Name
in
Full

Frederick. George. Heidhardt.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

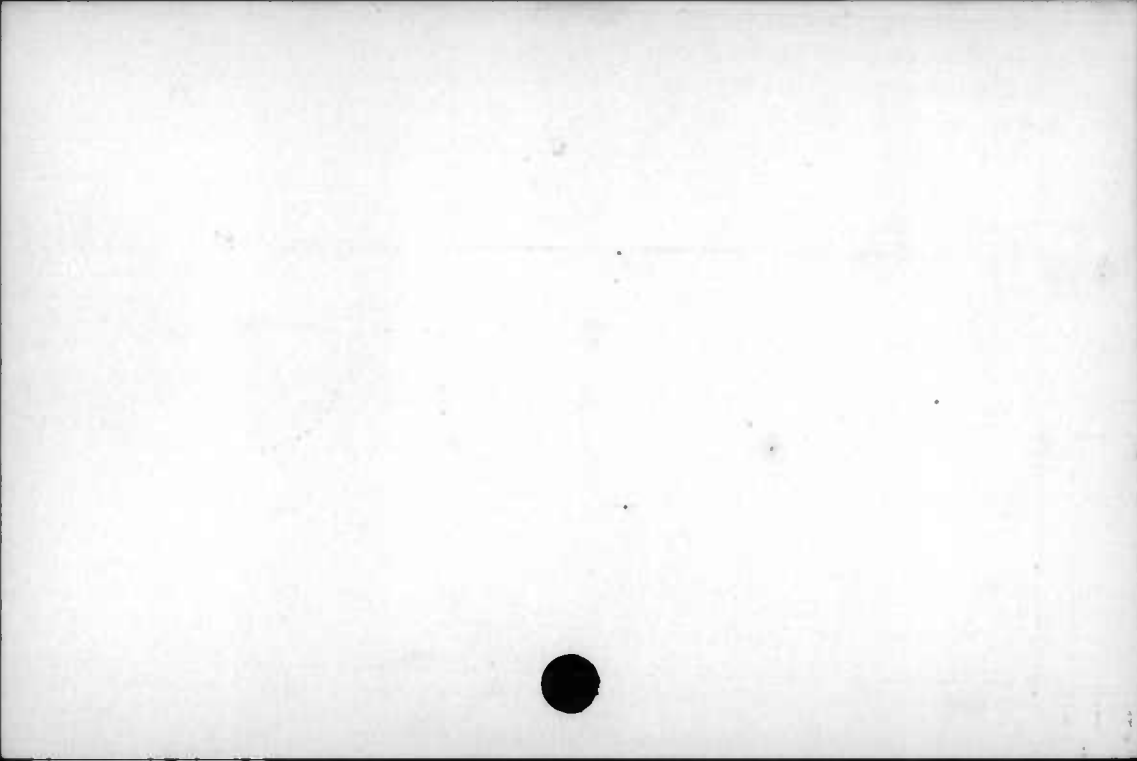
Died at <i>Hamilton</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month	<i>August</i>	Day	<i>10</i>
Age	<i>—</i>	Years	<i>4</i>	Months	<i>21</i>
Sex	<i>male</i>	Color or Race	<i>White</i>	Birth-place	<i>Hamilton B.C.</i>
Occupation	<i>—</i>	Where Residing if not at place of death <i>Hamilton B.C.</i>			
Married, Single or Widowed	<i>—</i>	Name of Wife or Husband <i>—</i>			
Father's Name	<i>John Heidhardt</i>			Father's Birthplace	<i>Hamilton B.C.</i>
Mother's Maiden Name	<i>anna Wendell</i>			Mother's Birthplace	<i>Baltimore</i>
Name of person giving information	<i>John Heidhardt</i>			How related to deceased	<i>only father</i>

CAUSES OF DEATH

105-

PHYSICIAN
OR CORONER

Primary	<i>Gastro Enteritis</i>	How long	<i>July 23 to Aug. 1</i>
Immediate	<i>Eclampsia</i>	How long	<i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Dr. L. C. E. Vogler</i>
		Address	<i>Hamilton B.C.</i>
Accident or Suicide?	<i>No</i>	<i>Hamilton Ave & Harbor Road</i>	



Name
in
Full

Rebecca S Neel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

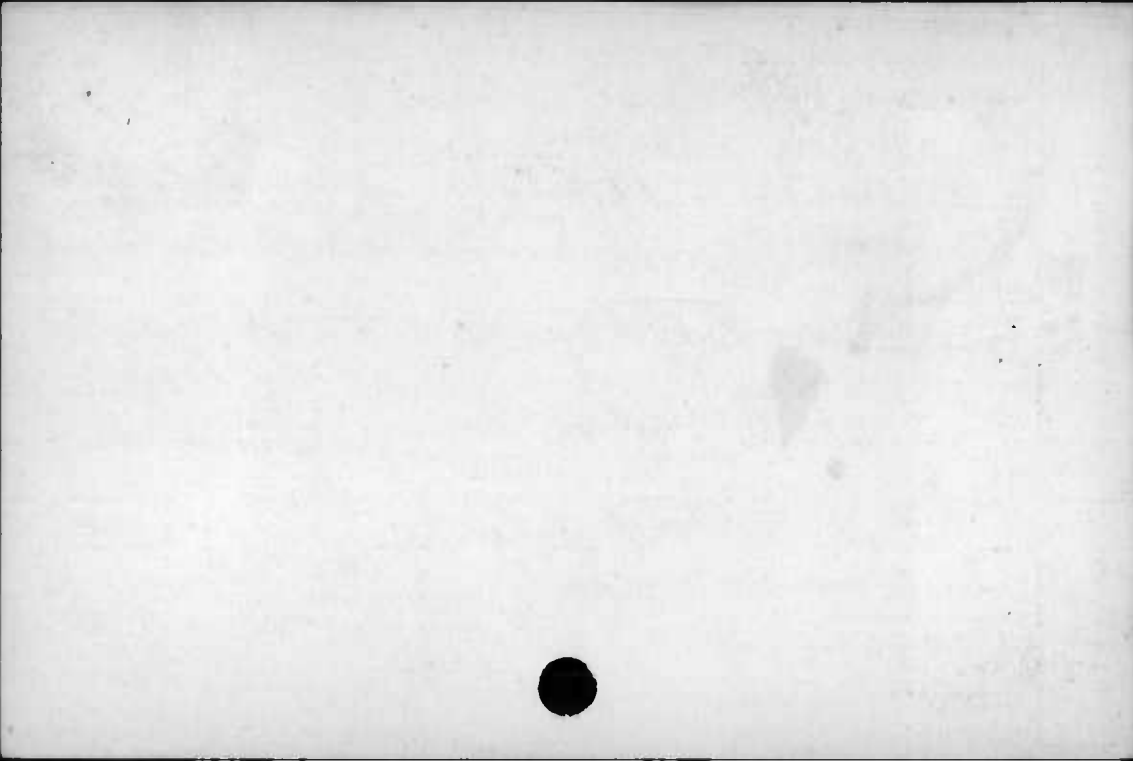
Died at <i>Glen Morris</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Aug</i>	Day	<i>16</i>
Age		<i>72</i>		Months	<i>—</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Zaneaster Co. Pa</i>
Occupation		<i>Housekeeper</i>			
Where Residing if not at place of death		<i>Glen Morris</i>			
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>X</i>			
Father's Name	<i>Hugh Neel</i>		Father's Birthplace <i>Pa</i>		
Mother's Maiden Name	<i>Mary Neepes</i>		Mother's Birthplace <i>Pa</i>		
Name of person giving information	<i>Mary Beel Gore</i>		How related to deceased <i>Niece</i>		

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary	<i>General Debility & senile decay</i>	How long	<i>several months</i>
Immediate	<i>Dysentery</i>	How long	<i>11 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>Thos Price</i>	
Address		<i>Glyndon Md.</i>	
Accident or Suicide?		<i>✓</i>	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

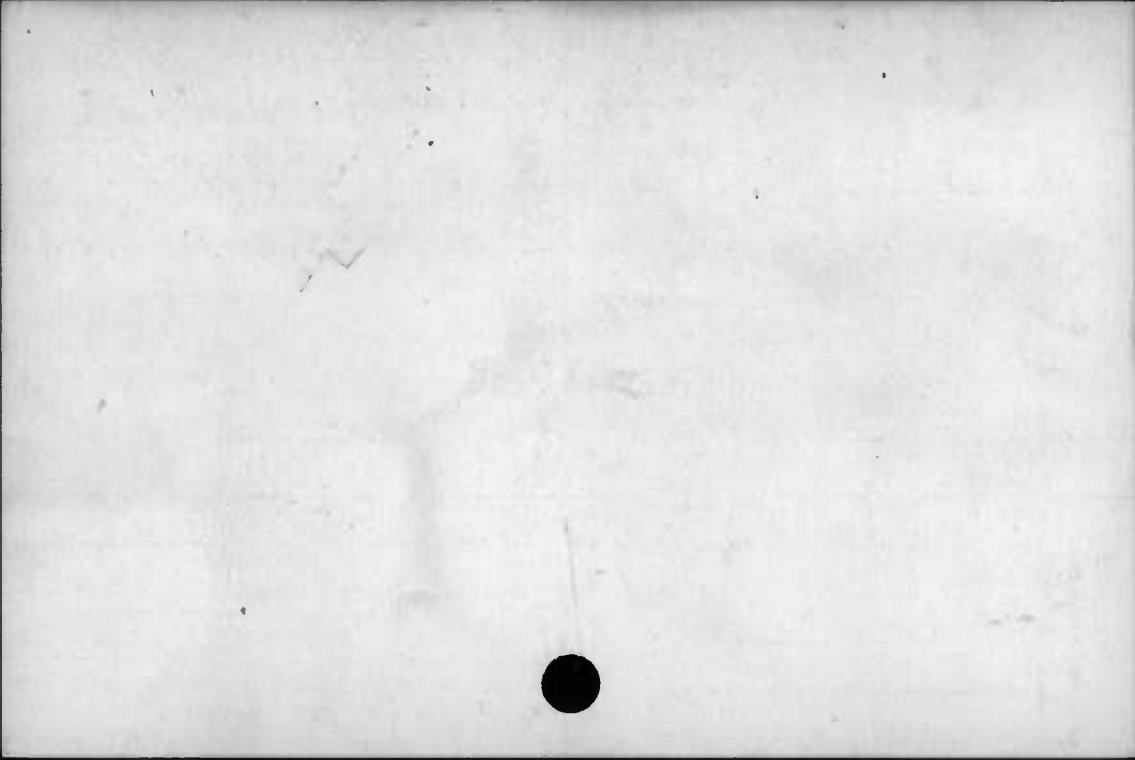
Died at <i>Catherine Oberlio</i>		Town <i>Spanaw's Point</i>		County <i>Beth.</i>		MARYLAND	
Date of death	1907	Month	8	Day	3	Age	1
Sex	Female	Color or Race	White	Birth-place	Ms.	Months	10
Occupation	None	Where Residing if not at place of death		<i>Spanaw's Point</i>			
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	<i>Frank Oberlio</i>			Father's Birthplace	<i>Pruss.</i>		
Mother's Maiden Name	<i>Sarah Platza</i>			Mother's Birthplace	<i>Germany</i>		
Name of person giving information	<i>Wm. L. L. L. L. L.</i>			How related to deceased	<i>None</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>2 weeks</i>
Immediate	<i>Convulsions</i>	How long	<i>10 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Wm. L. L. L. L.</i>
		Address	<i>Spanaw's Point</i>
			<i>Ms.</i>
Accident or Suicide?			



Name
in
Full

Marie Louise Parks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

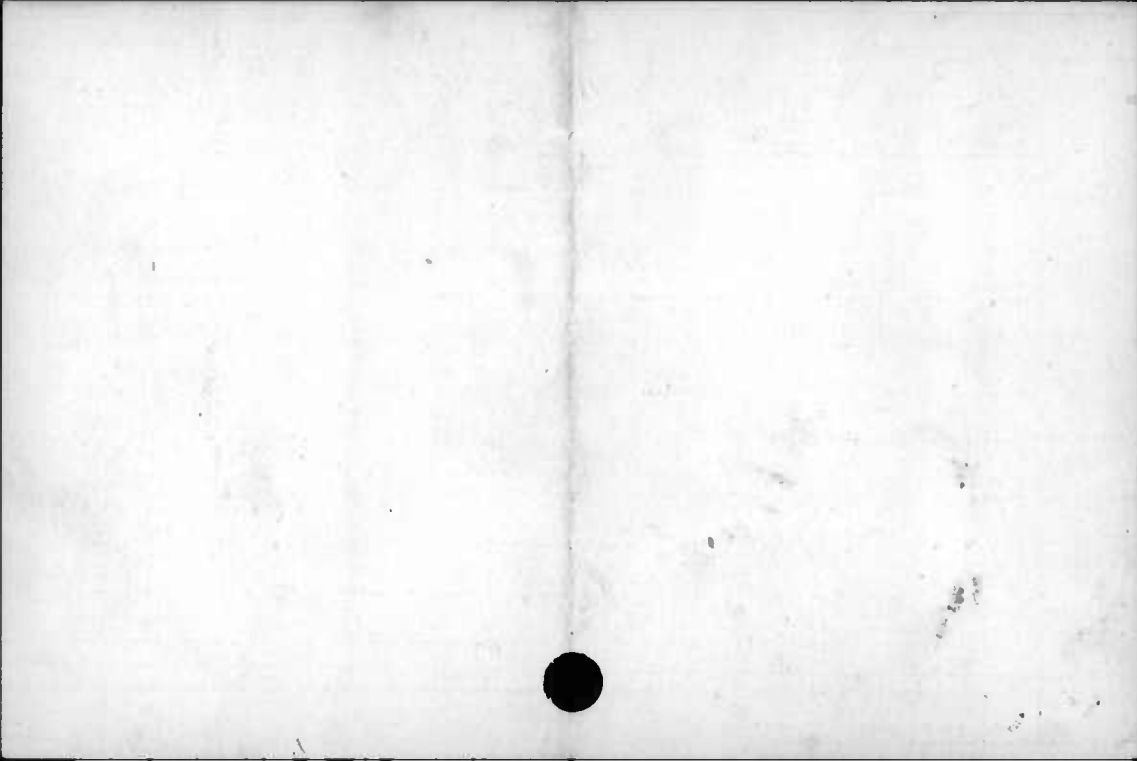
Died at <i>Chestnut Ridge</i> Town		<i>Balto.</i> County		MARYLAND	
Date of death <i>1907 Aug.</i> Month		<i>2</i> Day	Age <i>—</i> Years	<i>9</i> Months	<i>9</i> Days
Sex <i>female</i>	Color or Race <i>white</i>	Birth-place <i>Chestnut Ridge</i>			
Occupation <i>—</i>	Where Residing if not at place of death <i>do</i>				
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Howard Parks</i>	Father's Birthplace <i>Chestnut Ridge</i>		Mother's Birthplace <i>Texas md</i>		
Mother's Maiden Name <i>Alberta For</i>	How related to deceased <i>father</i>				
Name of person giving information <i>Howard Parks</i>					

CAUSES OF DEATH

72

Primary <i>Tetanus Truncatomi</i>	How long <i>4 6 hrs.</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D.F. Bunn</i>
	Address <i>Texas md.</i>
Accident or Suicide?	

PHYSICIAN
OR CORONER
1



Name in Full		Howard Isaac Passano				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Towson		County Baltimore		MARYLAND	
	Date of death	Month August	Day 26	Years one	Months two	Days	
	Sex	Male		Color or Race	White		Birth- place
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Edward Boteler Passano				Father's Birthplace	Baltimore
	Mother's Maiden Name	Eleanor Phillips Passano				Mother's Birthplace	Towson Md
Name of person giving In formation	William M. Haan				How related to deceased	Grandfather	
<div>CAUSES OF DEATH</div> <div>105-</div>							
PHYSICIAN OR CORONER	Primary	Vomiting & Diarrhoea				How long	3 weeks
	Immediate	Typhoeidal				How long	4 days
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
	Yes.				Address		
				12 E 25th St Balto. Md.			
Accident or Suicide?							

Interment at
Druid Ridge Cemetery
aug 28 1907

Stewart & Mowen Co
Undertakers

215 & 217 Park ave
Baltimore Md.

Name
in
Full

Thomas Pierce

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Dulaney's Valley* ^{County} *Baltimore* **MARYLAND**

Date of death *1907* ^{Month} *8* ^{Day} *4* ^{Years} *65* ^{Months} *7* ^{Days} *12*

Sex *Male* Color or Race *White* Birth-place *Dulaney Valley*

Occupation *Farmer* Where Residing if not at place of death *Dulaney's Valley*

Married, Single or Widowed *Married* Name of Wife *Emma DeWitt Child*

Father's Name *William F Pierce* Father's Birthplace *Balto Co*

Mother's Maiden Name *Louisa Smith* Mother's Birthplace *Baltimore*

Name of person giving information *Edward J Pierce* How related to deceased *Brother*

CAUSES OF DEATH

120

Primary *Chronic Parenchymatous Nephritis* How long *5 years*

Immediate *Angina, Uræmic Coma* How long *4 days*

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

R. C. Marzberg

Address

*Towson*Accident or Suicide? *X*PHYSICIAN
OR CORONER

Slade Brothers
Family Burial
Grounds.
Springfield Farm
Dulany's Valley

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Theodor Behring

Town *Green Tree Road* County *Balto*

Died at *Green Tree Road Balto*

MARYLAND

Date of death 1907 8, 26, Age 35, Months Days

Sex *male* Color or Race *white* Birth-place *Germany*

Occupation *Farmer* Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband *H. no Behring*

Father's Name *Wm* Father's Birthplace *Germany*

Mother's Maiden Name *Wm* Mother's Birthplace *Germany*

Name of person giving information *Over in file* How related to deceased *Son's Law*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Dystrophia* How long *106*

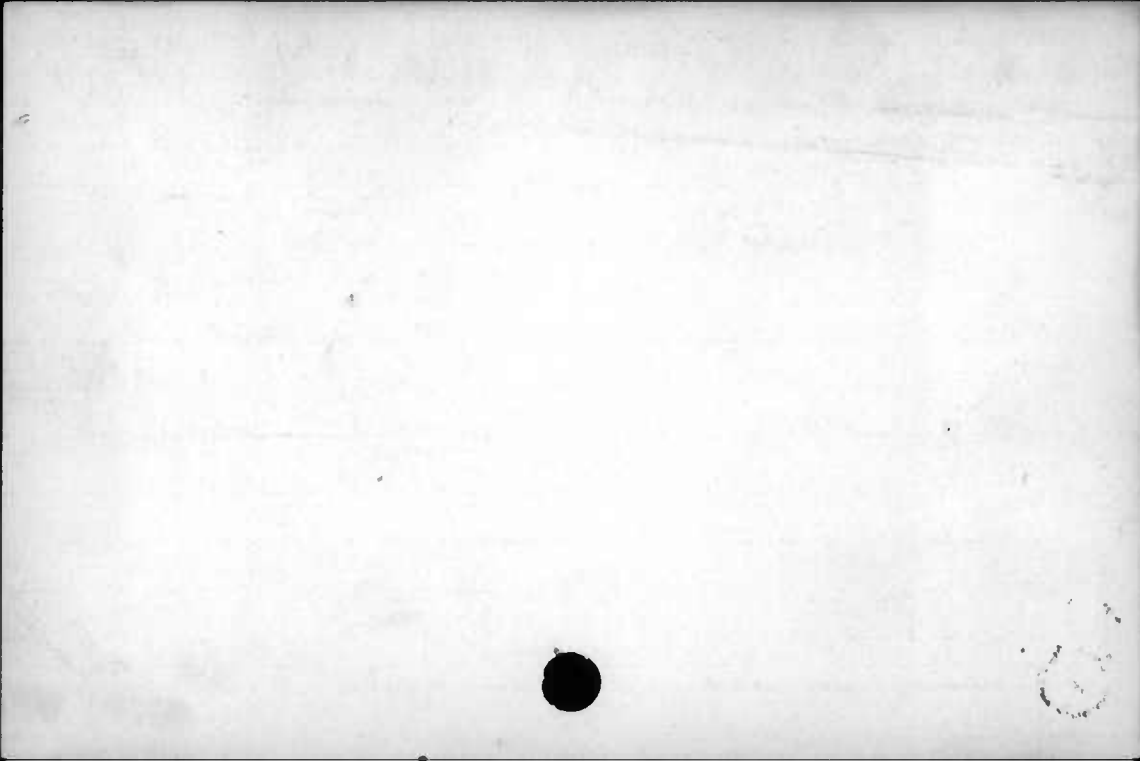
Immediate *Exhaustion* How long *6 days*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *J. A. Chopin*

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sundalk</i> ^{Town}		<i>Phillbrook</i> ^{County}		MARYLAND	
Date of death	190 <i>7</i> ^{Month} <i>aug</i> ^{Day} <i>20</i>	Age	Years	Months	Days
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Balto.</i>
Occupation	Where Residing if not at place of death				
Married, Single* or Widowed	Name of Wife or Husband				
Father's Name	<i>George H Philbrook.</i>		Father's Birthplace	<i>Maine</i>	
Mother's Maiden Name	<i>Grace L Harris.</i>		Mother's Birthplace	<i>Massachusetts</i>	
Name of person giving information	<i>John J. Fields.</i>		How related to deceased	<i>Undertaker</i>	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>10 days.</i>
Immediate	<i>General Asthenia</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>M. Weinberg</i>
		Address	<i>742 W Fayette St</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Lucile Potts

Town

County

MARYLAND

Died at

Granite

Baltimore

Date

Month

Day

Age

Years

Months

Days

of death

1907 Aug

2

—

6

2

Sex

female

Color or
Race

white

Birth-
place

Baltimore Md

Occupation

none

Where Residing if not
at place of death

Same

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Charles E Potts

Father's
Birthplace

Md

Mother's
Maiden Name

Rosie Porter

Mother's
Birthplace

Md

Name of person giving
information

Charles E Potts

How related
to deceased

Father

CAUSES OF DEATH

105

Primary

Cholera Infantum

How long

2 weeks

Immediate

Cerebritis Coma.

How long

6 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

*H. V. Triple and
Granite Md*

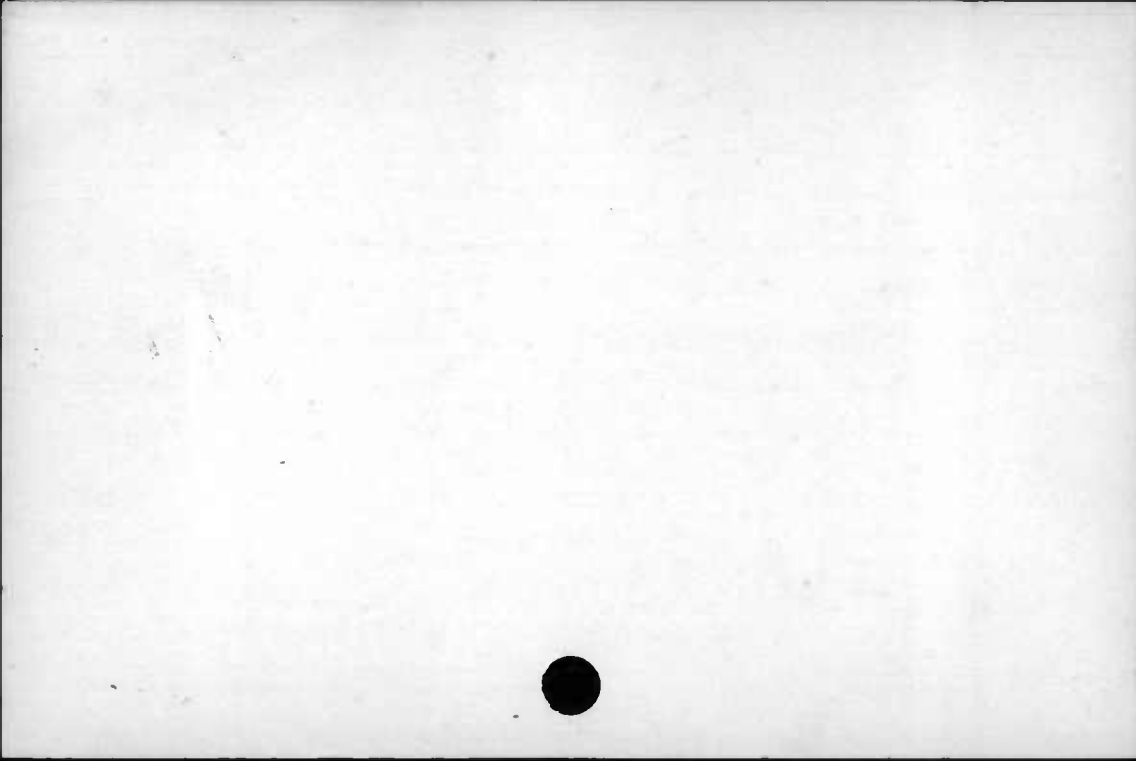
Accident or Suicide?

—

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1



Name
in
Full

Margaret Cratt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Fullerton ^{County} Balto MARYLAND

Date of death 1907 8 27 Age 63 Years Months 1 Days

Sex Female Color or Race white Birth-place Germ

Occupation House wife Where Residing if not at place of death

~~Married, Single~~ Widowed Name of ~~Wife~~ Husband Jm Cratt

Father's Name J B Bootick Father's Birthplace Unknown

Mother's Maiden Name Elisabeth Whright Mother's Birthplace Unknown

Name of person giving information Lottie Whright How related to deceased Daughter

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary Failure Compensation - Dropsy How long 3 or 4 weeks

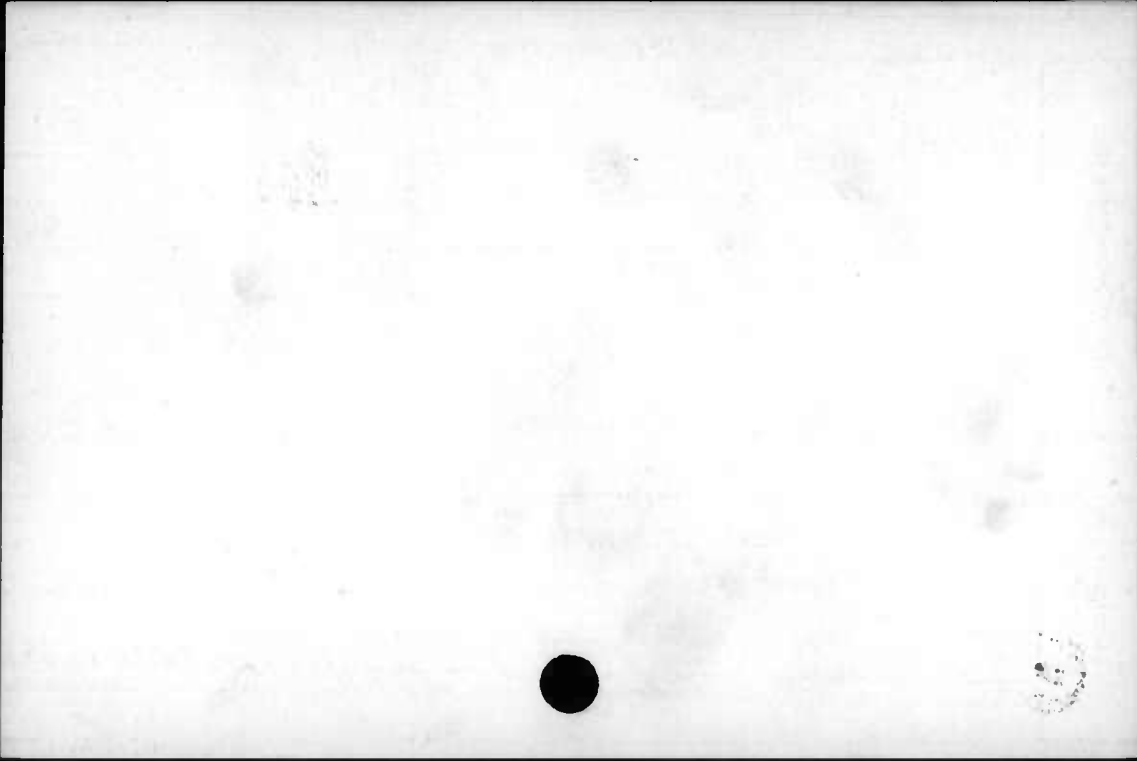
Immediate Exhaustion How long Several hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Luigard Whitford

Address Fullerton, Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jesse I Price (Blackburg Va)

Died at *Shepherd* Town *Blackburg* County *Baltimore* MARYLAND

Date of death 1907 8 2 Age 21 Months 7 Days 15

Sex *male* Color or Race *white* Birth-place *Va*

Occupation *Clerk* Where Residing if not at place of death *Blackburg Va*

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *M. I. Price* *Blackburg Va* Father's Birthplace *Va*

Mother's Maiden Name *Alice* Mother's Birthplace *Va*

Name of person giving information *E. N. Bruch* How related to deceased *Physician*

CAUSES OF DEATH

74

PHYSICIAN
OR CORONER

Primary *Insanity (Chronic Brain Disease)* How long _____

Immediate *Convulsion* How long *1 hr 40 min*

Are the name, age, sex, color, date and place correctly given above? *As far as known*

Signature of Physician *E. N. Bruch* Address *Shepherd & Church Pratt Hosp*
Town Md

Accident or Suicide?

Place of burial Blacksburg Va

Hy W Jenkins & Sons Co

Howard & Mackison & Co

Name
in
Full

Frederick A. Rasch.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Roland Park		Balto Co		TOWN		COUNTY		MARYLAND	
Date of death		1907		Aug.		27		Age		36.	
Sex		Male		Color or Race		White		Birth-place		Balto	
Occupation				None				Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband							
Father's Name		Gustav A. Rasch				Father's Birthplace		Germany			
Mother's Maiden Name		Emma L. Kennedy				Mother's Birthplace		"			
Name of person giving information		Wm. G. Rasch				How related to deceased		Brother			

CAUSES OF DEATH

79

Primary	Organic heart disease (mitral regurgitation)	How long	One year
Immediate	Persistent congestion of lungs	How long	26 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		H. W. Stevenson M.D.	
Address		431 N. Carey St.	
Accident or Suicide?			

PHYSICIAN
OR CORONER

John C. Hough Esq
Druid Ridge Cemetery

Name
in
Full

C. Cath Reese

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pulley hill</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>Aug</i> <small>Month</small>	<i>28</i> <small>Day</small>	<i>69</i> <small>Years</small>	<i>6</i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>germany</i>		
Occupation <i>house wife</i>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband <i>Charles Reese</i>				
Father's Name <i>vaelsner</i>	Father's Birthplace <i>germany</i>		Mother's Birthplace <i>germany</i>		
Mother's Maiden Name <i></i>	Name of person giving information <i>Charles Reese</i>		How related to deceased <i>husband</i>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Mitral Insufficiency</i>	How long <i>About 1 year</i>
Immediate <i>Cardiac Failure</i>	How long <i>Several Hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Lingard St. White</i>
	Address <i>Fullerton, Md.</i>
<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">1</div> Accident or Suicide?	

Enterament St Joseph
Cemetery
Belair Road

Geo W. Grammer
Undertaker

Name
in
Full

Margaret Regan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Canton		County Baltimore		MARYLAND	
Date of death		1907	Month Aug.	Day 1	Age 36	Years	Months —
Sex		Female		Color or Race		White	
Occupation		Housework		Where Residing if not at place of death		Balto. Co. Md.	
Married, Single or Widowed		Married		Name of Wife or Husband		Patrick J. Regan	
Father's Name		John Potter		Father's Birthplace		Ireland	
Mother's Maiden Name		Margaret Lynch		Mother's Birthplace		Ireland	
Name of person giving Information		Patrick J. Regan		How related to deceased		Husband	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Phthisis Pulmonalis	How long	unknown
Immediate	Exhaustion	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		M. J. McAvoy M.D.	
		839 S. Calumet	
Accident or Suicide?			

Sacred Heart Cemetery

Aug 5th 1907

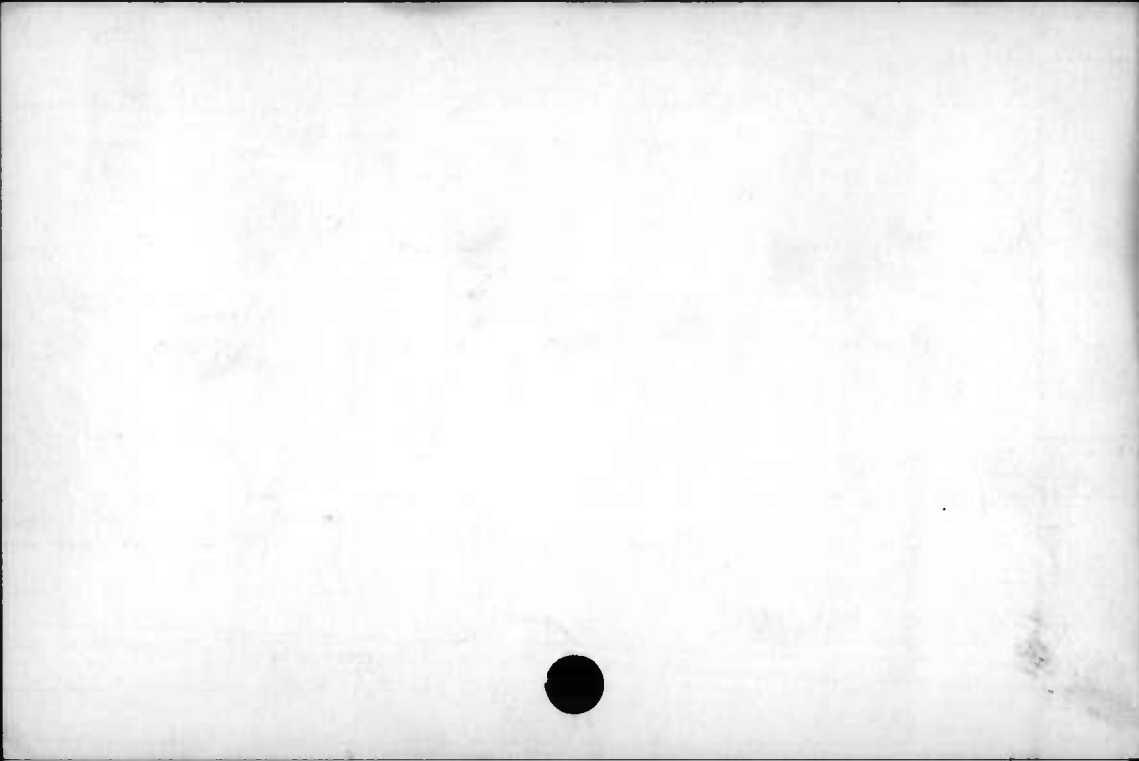
Germanus France

Bencher later

Name in Full Emma Reilly		County Baltimore		CERTIFICATE OF DEATH	
Town Baltimore		Died at MARYLAND			
Date of death 1907		Month Aug.	Day 8	Age —	Months —
Sex Female		Color or Race White		Birth-place Balto Co.	
Occupation None		Where Residing if not at place of death 443 Pleasant Ave.			
Married, Single or Widowed Single		Name of Wife or Husband —			
Father's Name Rudolph Reilly		Father's Birthplace Balto. Md		Mother's Birthplace ..	
Mother's Maiden Name Emma		How related to deceased Father			
Name of person giving information Rudolph Reilly		CAUSES OF DEATH Primature			
Primary		How long 8			
Immediate		How long 8			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician John Roth			
		Address 5007 Eastern Ave			
Accident or Suicide?					

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Henry Rich

Died at *St. Agnes Hospital* ^{Town} *Baltimore* ^{County} *MARYLAND*

Date of death *1907* ^{Month} *Aug* ^{Day} *13th* ^{Years} *Age 60* ^{Months} *0* ^{Days} *0*

Sex *male* Color or Race *white* Birth-place *Germany*

Occupation *Carpenter* Where Residing if not at place of death *unknown*

Married, Single or Widowed *widower* Name of Wife or Husband *unknown*

Father's Name *unknown* Father's Birthplace *unknown*

Mother's Maiden Name *unknown* Mother's Birthplace *unknown*

Name of person giving information *79* How related to deceased *79*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Valvular Disease of Heart.* How long *6 years (?)*

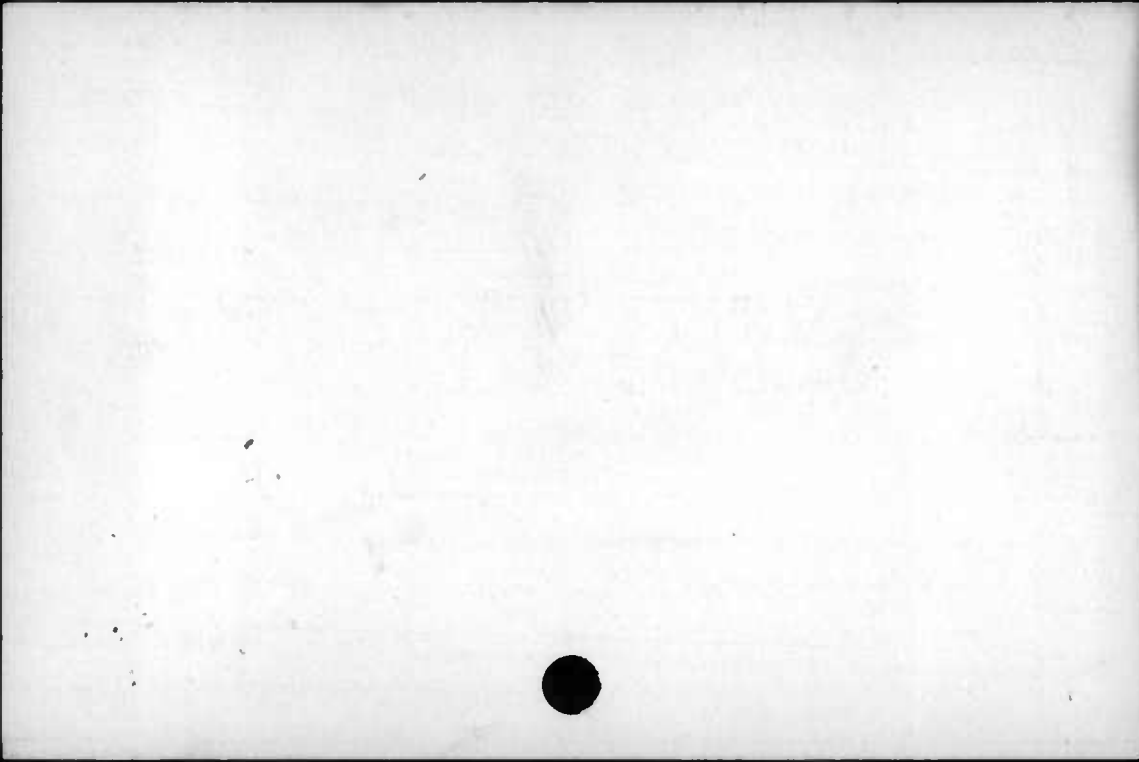
Immediate *Broken Coronary Artery* How long *0 weeks.*

Are the name, age, sex, color, date and ~~place~~ correctly given above? *yes*

Signature of Physician *H. H. Hazen M.D.*

Address *St. Agnes Hospital.*

Accident or Suicide?



Name
in
Full

Margaret C. Riley

CERTIFICATE OF DEATH

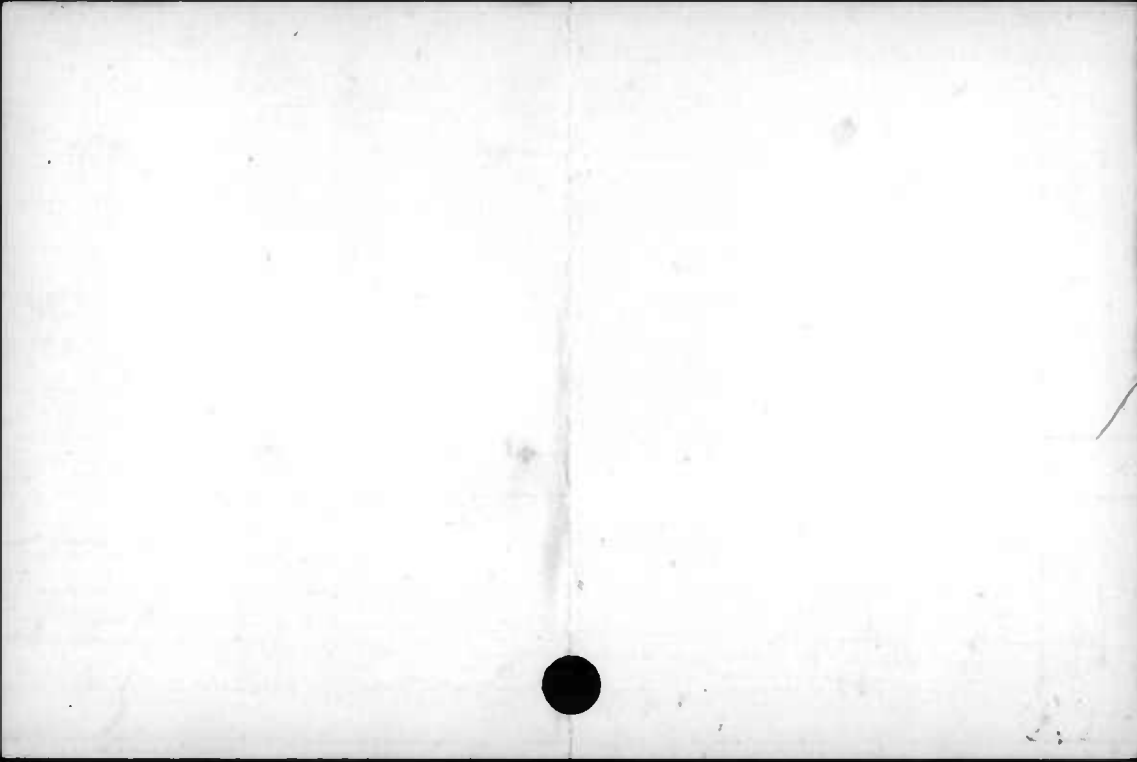
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hydr</u> ^{Town} <u>md.</u>		<u>Balto</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	Month <u>Aug</u>	Day <u>28</u>	Age <u>—</u>	Years <u>—</u>	Months <u>11</u>
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Balto md</u>	
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Stevenson Riley</u>			Father's Birthplace <u>md.</u>		
Mother's Maiden Name <u>Grace B. Phillips</u>			Mother's Birthplace <u>md.</u>		
Name of person giving information <u>Stevenson Riley</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cholera Infantum</u>	(105)	How long <u>2 weeks</u>
Immediate <u>meningitis</u>		How long <u>4 or 5 days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>John D. Green</u>	Address <u>—</u>
Accident or Suicide?		<u>md.</u>



Name
in
Full

Meador Rippard Jr

CERTIFICATE OF DEATH

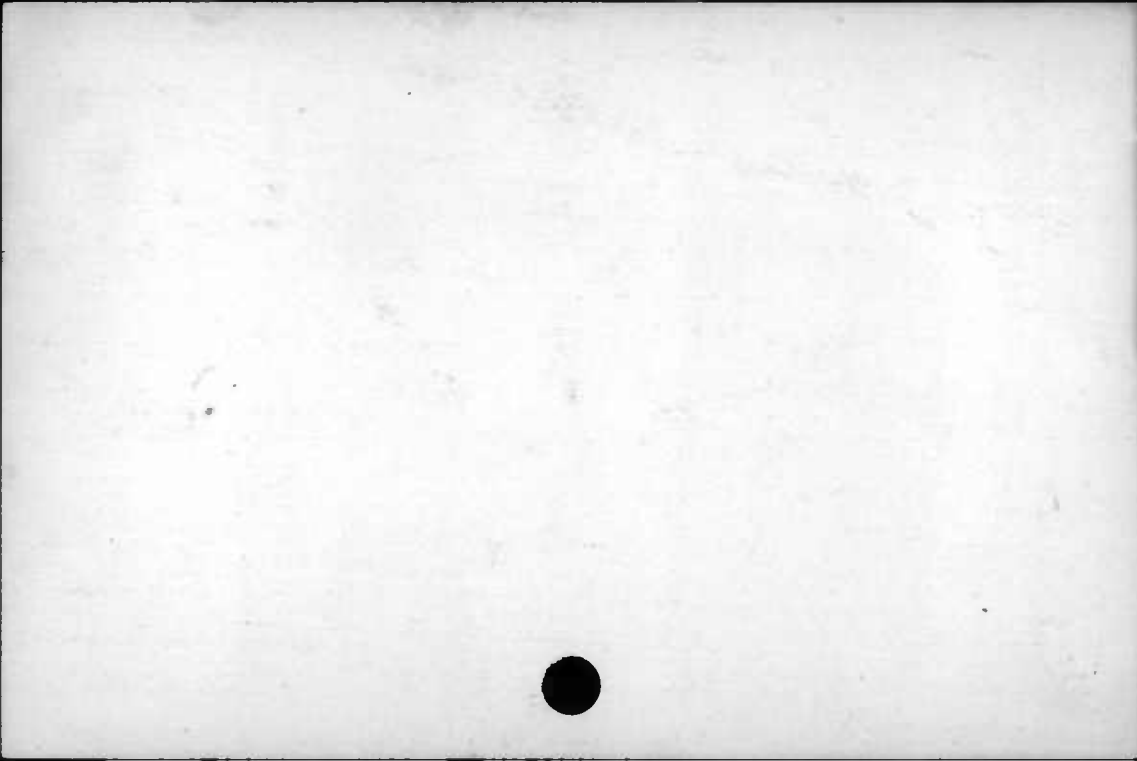
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Howard Park</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1907 Aug 26th	Age	8	Months	11
Sex	Male	Color or Race	White	Birth-place	Balto. Co. Md.
Occupation	none	Where Residing if not at place of death			
Married, Single or Widowed	—	Name of Wife or Husband			
Father's Name	Meador Rippard	Father's Birthplace	Pena		
Mother's Maiden Name	Emily C Williams	Mother's Birthplace	Balto-		
Name of person giving information	Meador Rippard	How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Enterocolitis</i>	How long	<i>105</i>	How long	<i>Five weeks</i>
Immediate	<i>Exhaustion</i>				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>B F Phillips</i>			
Address <i>1929 Madison Ave</i>					
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Camden</i> ^{Town} <i>934 1/2 Barclay St</i> ^{County} <i>St</i>		MARYLAND	
Date of death <i>1907 Aug 7</i>	Month <i>Aug</i>	Day <i>7</i>	Age <i>15</i>
Sex <i>Male</i>	Color or Race <i>W</i>	Birth-place <i>Camden</i>	Months <i>11</i> Days <i>15</i>
Occupation <i>—</i>	Where Residing if not at place of death <i>934 1/2 Barclay St</i>		
Married , Single or Widowed	Name of Wife or Husband		
Father's Name <i>Harry H Rodney</i>	Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Kate Rodney</i>	Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>H H Rodney</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR
CORONER

Primary <i>gastro enteritis (with fever)</i>	How long <i>about 1 week</i>
Immediate <i>crisis</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. Wright</i>
	Address <i>Camden & Dillon Sts</i>
Accident or Suicide?	



Name
in
Full

Christian albert Rufenacht

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Lanraville		County Baltimore		MARYLAND	
Date of death	1907	Month Aug	Day 9 th	Age —	Years —	Months 7	Days 3
Sex	male		Color or Race	white		Birth- place	Baltimore Co
Occupation	—			Where Residing at place of death —			
Married, Single or Widowed	—		Name of Wife or Husband —				
Father's Name	James Edward Rufenacht					Father's Birthplace	England
Mother's Maiden Name	Lillie S. Brown					Mother's Birthplace	Baltimore Co
Name of person giving In formation	J. E. Rufenacht					How related to deceased	Father

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Cholera Infantum		How long	4 weeks
Immediate	Cerebral congestion Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	Joseph R. Webster MD
			Address	Roselburg
Accident or Suicide?				

Slade Bros. Undertakers
Trinity Cemetery
Long Green Balto
Md

Name in Full		George Ruff				CERTIFICATE OF DEATH	
Died at		Town		County		MARYLAND	
Date of death		1907	Month 8	Day 13	Age 49	Years	Months
Sex		Male		Color or Race		White	
Occupation		Farmer		Where Residing if not at place of death		Chestnut Ridge	
Married, Single or Widowed		Widower		Name of Wife or Husband		Unknown	
Father's Name		Unknown		Father's Birthplace		Unknown	
Mother's Maiden Name		Unknown		Mother's Birthplace		Unknown	
Name of person giving information		Chas Hoffman		How related to deceased		None	
				CAUSES OF DEATH		154	
Primary		Infirmities of age		How long		Do not know	
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Dr. Thos. C. Bussey	
				Address		Texas	
						Md.	
Accident or Suicide?							

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OF CORONER

1

John Burgess
Touson.

St. Joseph. Cerro.
Texas

Name
in
Full

George E. Ruff.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Grays. Town Balto County MD

Date of death 1907 Month Aug Day 17 Age 47 Years 47 Months no Days no

Sex Male Color or Race White Birth-place Maryland

Occupation Mill Worker Where Residing if not at place of death Grays.

Married, Single or Widowed married Name of Wife or Husband Mary L. Ruff

Father's Name Don't know Father's Birthplace Don't know

Mother's Maiden Name Don't know Mother's Birthplace Don't know

Name of person giving information Mary L. Ruff. How related to deceased Daughter

CAUSES OF DEATH

(64)

PHYSICIAN
OR CORONER

Primary Cerebral haemorrhage 4 days

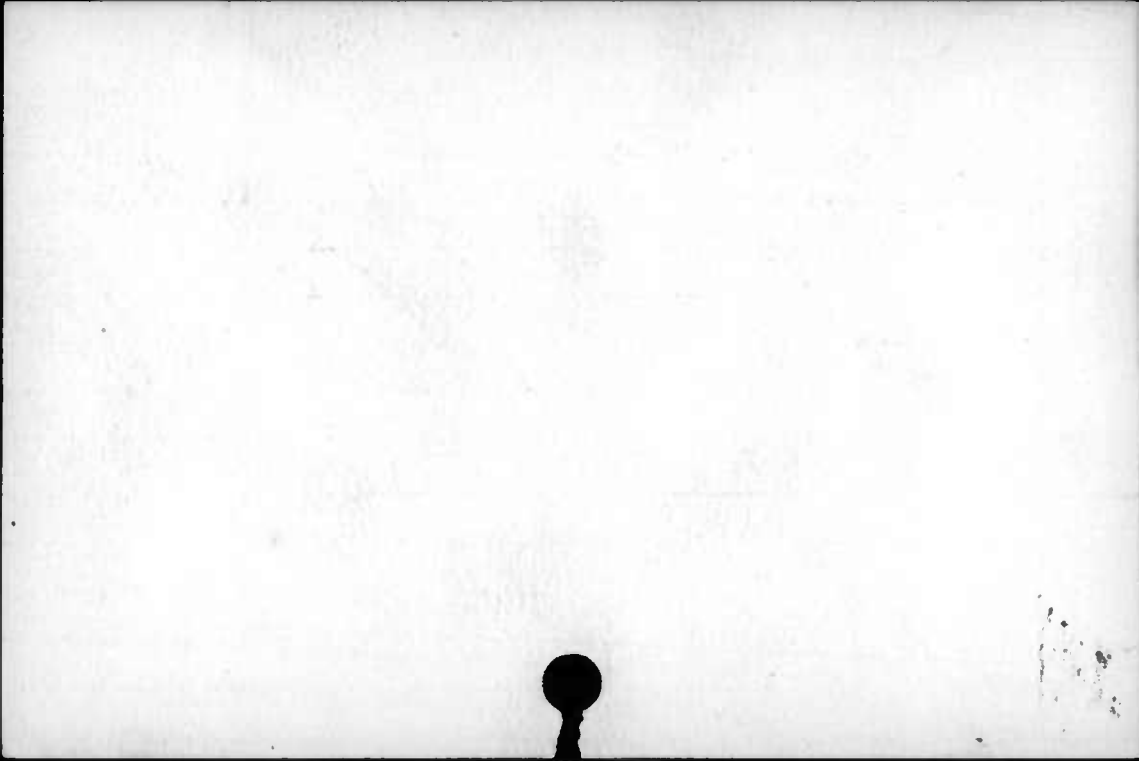
Immediate is thromia How long 2 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician H. G. Smith

Address Ellicott City

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Philip Benjamin Sadtler

Town

County

Died at Hamilton

Baltimore

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1907

aug

9

Age

64

4

15

Sex

male

Color or
Race

white

Birth-
place

Maryland

Occupation

Painter

Where Residing if not
at place of death

Hamilton

Married, Single
or Widowed

married

Name of Wife or
Husband

Gennie Sadtler

Father's
Name

William Sadtler

Father's
Birthplace

Mother's
Maiden Name

Margaret Silver

Mother's
Birthplace

Name of person giving
In formation

Gennie Sadtler

How related
to deceased

Wife

CAUSES OF DEATH

165

Primary

Central Softening

How long

10 yrs.

Immediate

Debility

How long

1 yr.

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

Address

Geary A. Long, M.D.,
1 Hamilton,
Md.

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Interment at Greenmount
Cemetery aug 11 1904

Stewart & Mowen Co
Undertakers

215 Park ave

Baltimore Md.

Name
in
Full

Silas Scarborough M. D.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Towson</i> ^{Town}			<i>Baltimore</i> ^{County}			MARYLAND	
Date of death	<i>1907</i>	Month <i>8</i>	Day <i>6</i>	Age <i>80</i>	Years <i>3</i>	Months <i>2</i>	Days <i>2</i>
Sex <i>Male</i>	Color or Race <i>White</i>			Birth-place <i>Harford Co</i>			
Occupation <i>Physician</i>	Where Residing if not at place of death <i>Mar Tawson</i>						
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Dead</i>			<i>(Catherine Bishop)</i>			
Father's Name <i>Silas Scarborough</i>	Father's Birthplace <i>Harford Co</i>						
Mother's Maiden Name <i>Kate Bishop</i>	Mother's Birthplace <i>Baltimore Co</i>						
Name of person giving information <i>Harald Scarborough</i>	How related to deceased <i>Son</i>						

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary <i>Enterocolitis</i>	How long <i>one week</i>
Immediate <i>Cardiac Depression</i>	How long <i>3 hours.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. C. Wassenburg</i>
<i>Yes</i>	Address <i>Tawson</i>
Accident or Suicide? <i>Neither</i>	

John Burns' Sons

Broad Creek Friends
Cemetery, Harvard G.
Ma

Name
in
Full

Elizabeth Schaefer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Aug.	17	17		11	
Sex	Female		Color or Race	White		Birth-place	Balto, Md.
Occupation	None		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	John Schaefer				Father's Birthplace	Germany	
Mother's Maiden Name	Adelheid Reus				Mother's Birthplace	Germany	
Name of person giving information	John Schaefer				How related to deceased	Father	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	1	Tuber Culosis	How long	about 10 months
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. H. Collenberg M.D.	
		Address	1810 E. Balto. St.	
			Balto Md.	
Accident or Suicide?				

Sacred Heart Cemetery

August 20th 1907

Germanus France

Undertaker

Name
in
Full

Emma L. Schaffer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Voluntown* Town *Baltimore* County
 Date of death *1907* Month *Aug* Day *26th* Age *32* Years
 Sex *Female* Color or Race *White* Birth-place *Belts Md.*
 Occupation _____ Where Residing if not at place of death _____

~~Married~~, Single
~~or Widowed~~

Name of Wife or
 Husband _____

Father's Name *Rev John Schaffer*
 Mother's Maiden Name *Louisa Wilhelm*

Father's Birthplace *Germany*
 Mother's Birthplace *Germany*
 How related to deceased *Sister*

Name of person giving information *Mrs John Shenton*

CAUSES OF DEATH

127

Primary *Pulmonary Tuberculosis*

How long *about 1 year*
 How long _____

Immediate *Asthma*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

M. B. Smith

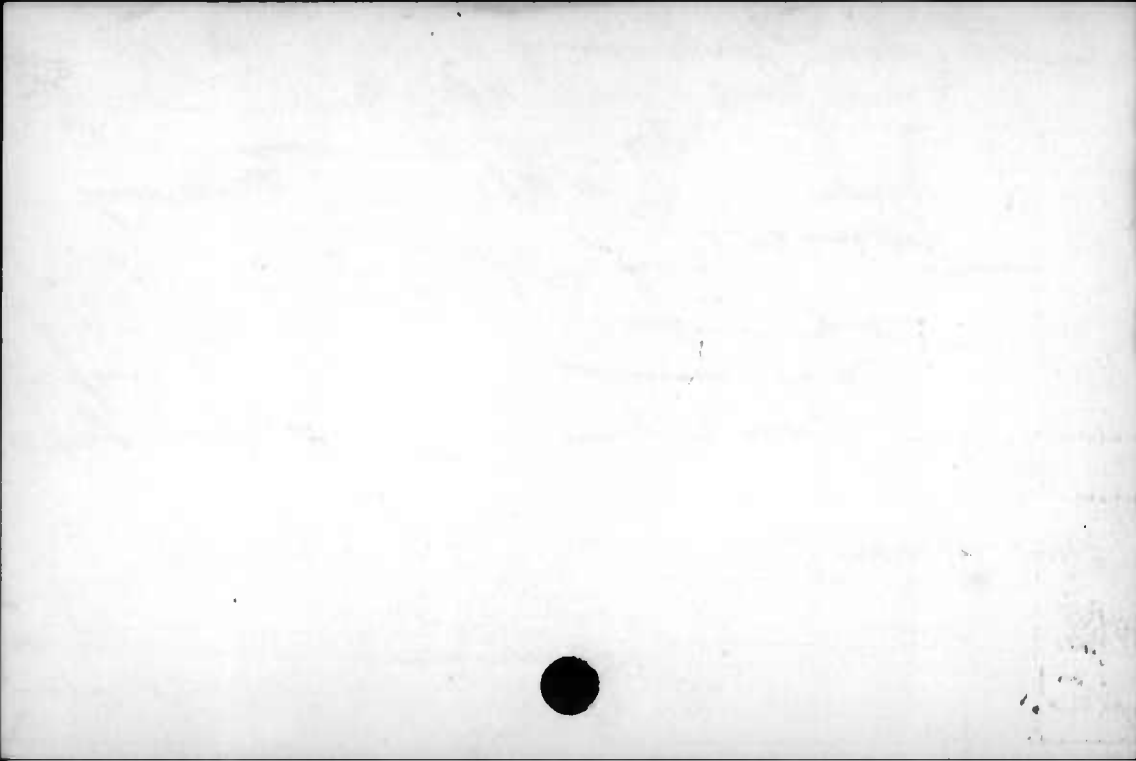
Address

1628 W Lexington st.

Accident or Suicide? *No*

PHYSICIAN
OR CORONER

1



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full John Schneider		Town Barney		County Baltimore		MARYLAND	
Died at Barney		Date of death 1907 8		Age 62		Months 3	
Sex Male		Color or Race white		Birth-place Barney			
Occupation Farmer		Where Residing if not at place of death Barney					
Married, Single or Widowed Single		Name of Wife or Husband Catharin Schneider					
Father's Name Geo Schneider		Father's Birthplace Europe					
Mother's Maiden Name 		Mother's Birthplace 					
Name of person giving information Catharin Schneider		How related to deceased Wife					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Organic Heart + Chronic Gastritis	How long	Unknown
Immediate	Organic Heart	How long	Unknown
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Geary A. Long M.D.
		Address	Hamilton, N.Y.
Accident or Suicide?	No		

St Johns

Cemetery

Name
in
Full

Anna M. Schorr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Hamilton</i>		^{County} <i>Baltimore</i>		MARYLAND				
Date of death	1907	Month	8	Day	12			
Age	Years		84		Months		Days	
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Germany</i>	
Occupation	<i>None</i>		Where Residing if not at place of death		<i>White Ave</i>			
Married, Single or Widowed	<i>Widow</i>		Name of Wife or Husband		<i>Geo. L. Schorr</i>			
Father's Name			Father's Birthplace					
Mother's Maiden Name			Mother's Birthplace					
Name of person giving information	<i>Geo. L. Schorr</i>		How related to deceased		<i>Son</i>			

CAUSES OF DEATH

Primary	<i>Senile debility</i>	How long	<i>Several years</i>
Immediate	<i>Senile debility and organic heart</i>	How long	<i>unknown</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>Geary A. Lane, M.D.</i>	
Address		<i>Hamilton, Ind</i>	
Accident or Suicide?		<i>no</i>	

PHYSICIAN
OR CORONER
1

St. Mathews Cem.

Herwig son

8/13/07

Name
in
Full

Margaret Schuler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

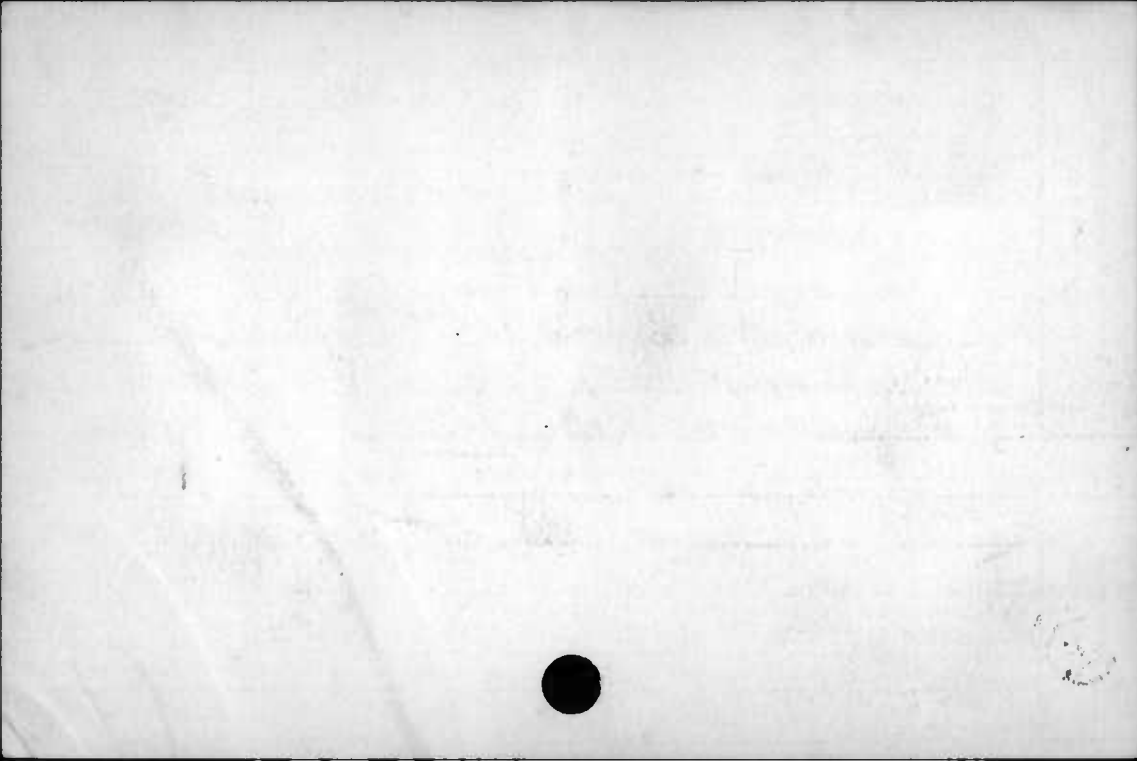
Died at <i>Spinnis Point</i>		Town <i>Spinnis Point</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>Aug</i>	Day <i>24</i>	Age <i>24</i>		Years <i>24</i>	Months <i>24</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Spinnis Point</i>			
Occupation <i>None</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>				Name of Wife or Husband			
Father's Name <i>Frederick Schuler</i>				Father's Birthplace <i>Med</i>			
Mother's Maiden Name <i>Mary Kuntzger</i>				Mother's Birthplace <i>Med</i>			
Name of person giving information <i>Frederick Schuler</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Dilatation Stomach & Indigestion</i>	How long <i>4 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. C. Glendon M.D.</i>
	Address <i>Spinnis Point</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Name in Full <i>Annie Sealover</i>		Town <i>Highlandtown</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Died at <i>1315 Third St</i>		Date of death 1907		Month <i>8</i>	Day <i>22</i>	Age Years <i>59</i>	Months Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ainsville Ohio</i>					
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>1315 Third St</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Asher Sealover</i>						
Father's Name <i>Asher Sealover</i>	Father's Birthplace <i>Painville, O.</i>						
Mother's Maiden Name <i>Annie Sealover</i>	Mother's Birthplace <i>Janesville, O.</i>						
Name of person giving information <i>Lehas Sealover</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN OR CORONER <input checked="" type="checkbox"/>	Primary <i>Apoplexy</i>	How long <i>12 hours</i>
	Immediate <i>Exhaustion</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo L. G. ...</i>
	Address <i>3 and 1/2 ...</i>	
Accident or Suicide? <i>No</i>		

Oak Lawn Bern

Herwig & Son

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

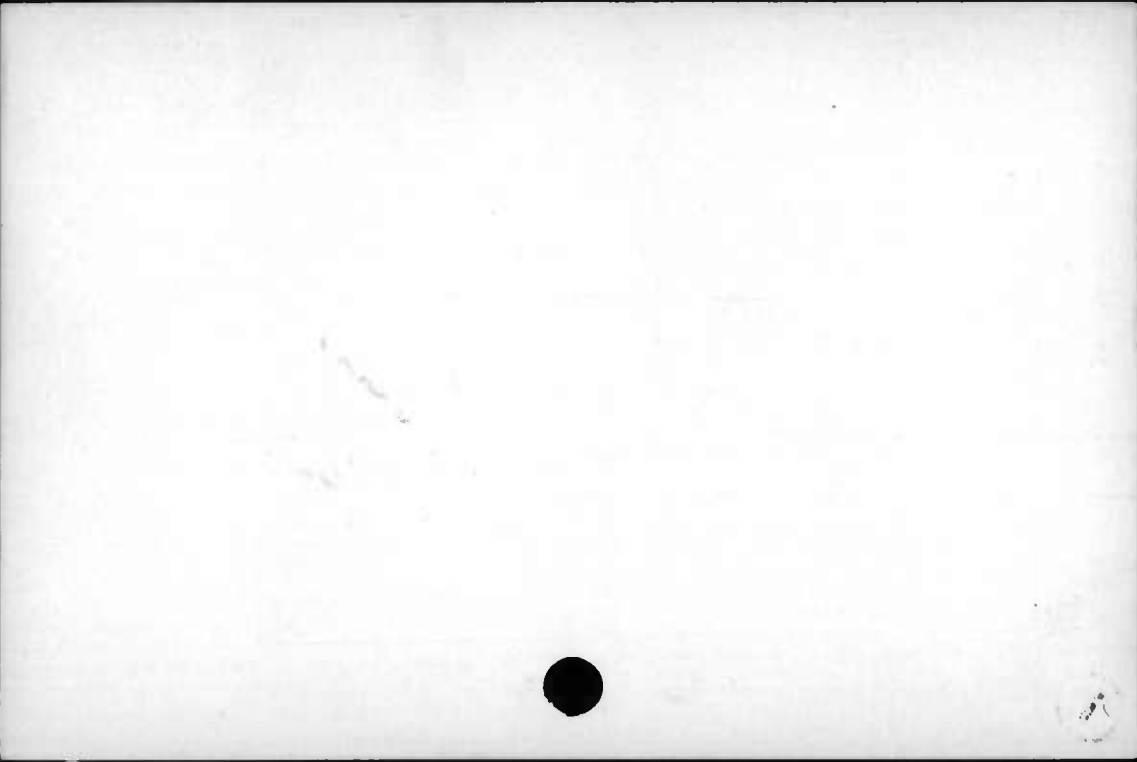
Died at <i>Sollers Point</i> Town <i>Baltimore Co</i> County		MARYLAND	
Date of death <i>1907 Aug 14</i>	Month <i>Aug</i>	Day <i>14</i>	Age <i>60</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Baldwinville, Ky.</i>	
Occupation <i>Carpenter</i>	Where Residing if not at place of death <i>2913 Hudson St</i>		
Married, Single <i>Married</i>	Name of Wife or Husband <i>Sarah Sedor</i>		
Father's Name <i>Theodore Sedor</i>	Father's Birthplace <i>New York</i>		
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>Sarah Sedor</i>	How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER



Primary <i>Accident</i>	<i>Crushed to death by drawbridge at Bear Creek Baltimore Co. Md.</i>
Immediate <i>Yes</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>David A. Thompson</i>
	Address <i>1570 Highland Ave, Baltimore County, Md.</i>
Accident or Suicide? <i>Accident</i>	



Name
in
Full

Maria Seder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Wmains</i> ^{Town}		<i>Balt</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>August</i> ^{Month}	<i>28</i> ^{Day}	Age <i>87</i> ^{Years}	Months <i>—</i>	Days <i>—</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Germany</i>		
Occupation <i>none</i>	Where Residing if not at place of death <i>Mt Wmains</i>				
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>Bernard Seder</i>				
Father's Name <i>Hangeger Seder</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Maria Seder</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>Magdalena Seder</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

106

Primary <i>Bilious Diarrhoea</i>	How long <i>6 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank H. Ruhl</i>
	Address <i>Lansdowne, Md.</i>
Accident or Suicide?	

PHYSICIAN
OR CORONER

Westerling,
to Jorden & Son.

Name
in
Full

Silas Seipel

CERTIFICATE OF DEATH

Died at *Balto.* ^{Town} *C. Alushouse* ^{County}

MARYLAND

Date of death *1907* ^{Month} *8* ^{Day} *1* ^{Age} *50* ^{Years} ^{Months} ^{Days}

Sex *Male* Color or Race *White* Birth-place *Unknown*

Occupation *Laborer* Where Residing if not at place of death *as above*

Married, Single or Widowed *Single* Name of wife or Husband *Unknown*

Father's Name *Unknown* Father's Birthplace *Germany*

Mother's Maiden Name *Unknown* Mother's Birthplace *Germany*

Name of person giving information *Elizabeth Blough* How related to deceased *Niece*

CAUSES OF DEATH

Primary *Pulmonary Tuberculosis* *Aug 29, Sick* *How long* *(16) Came here*
Immediate *Do not know* *How long*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Dr. Thos. C. Bussey*

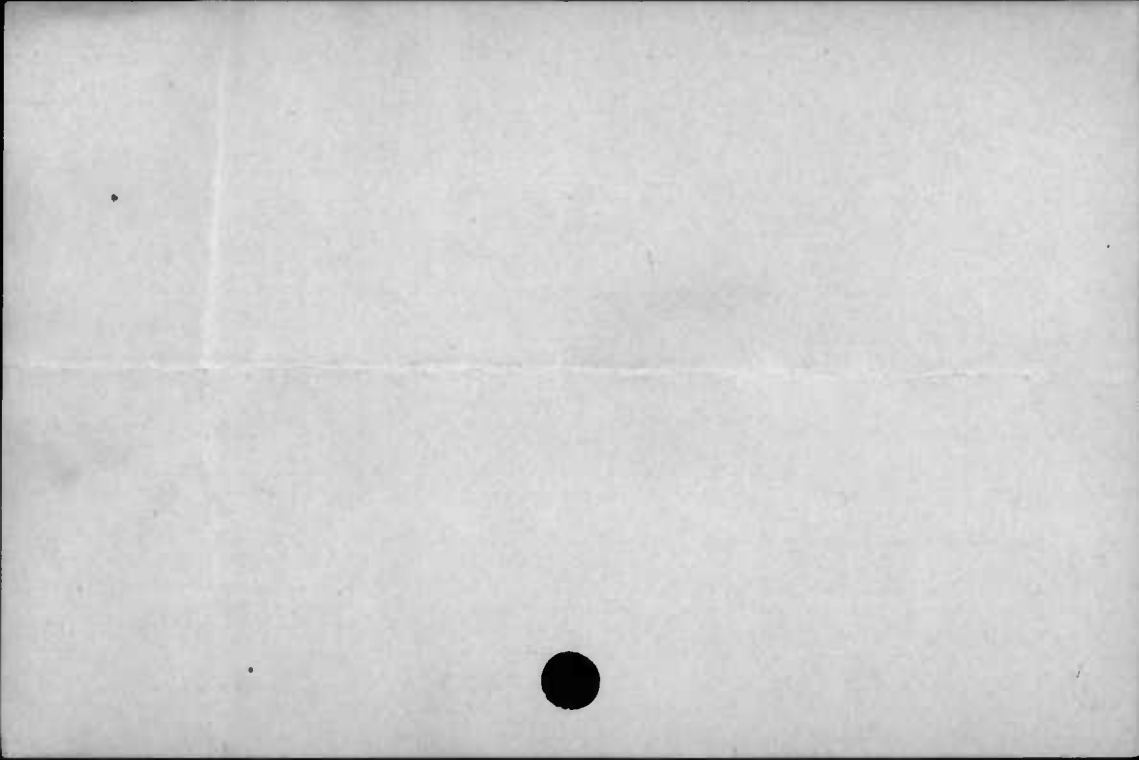
Address *Ficus Md*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER





Name
in
Full

CERTIFICATE OF DEATH

James O. Seward

Died at ^{Town} Highlandtown

^{County} Baltimore

MARYLAND

Date of death 1907

Month 8

Day 10

Age

Years 4

Months 2

Days 26

Sex

Male

Color or Race

White

Birth-place

Md.

Occupation

None

Where Residing if not at place of death

812 E. 1st St

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

Edward O. Seward

Father's Birthplace

Md

Mother's Maiden Name

Mary O. Landon

Mother's Birthplace

Md

Name of person giving information

Edward O. Seward

How related to deceased

Father

CAUSES OF DEATH

106

Primary

Cerebral Hemorrhage, Intensity,

How long

3 days.

Immediate

Cardiac atrophy, degeneration.

How long

8 hours

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

W. H. McLaughlin, M.D.

Address

618 S. Clinton St.,

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Ross Neck

Nod

Robert Buller - -

Name
in
Full

CERTIFICATE OF DEATH

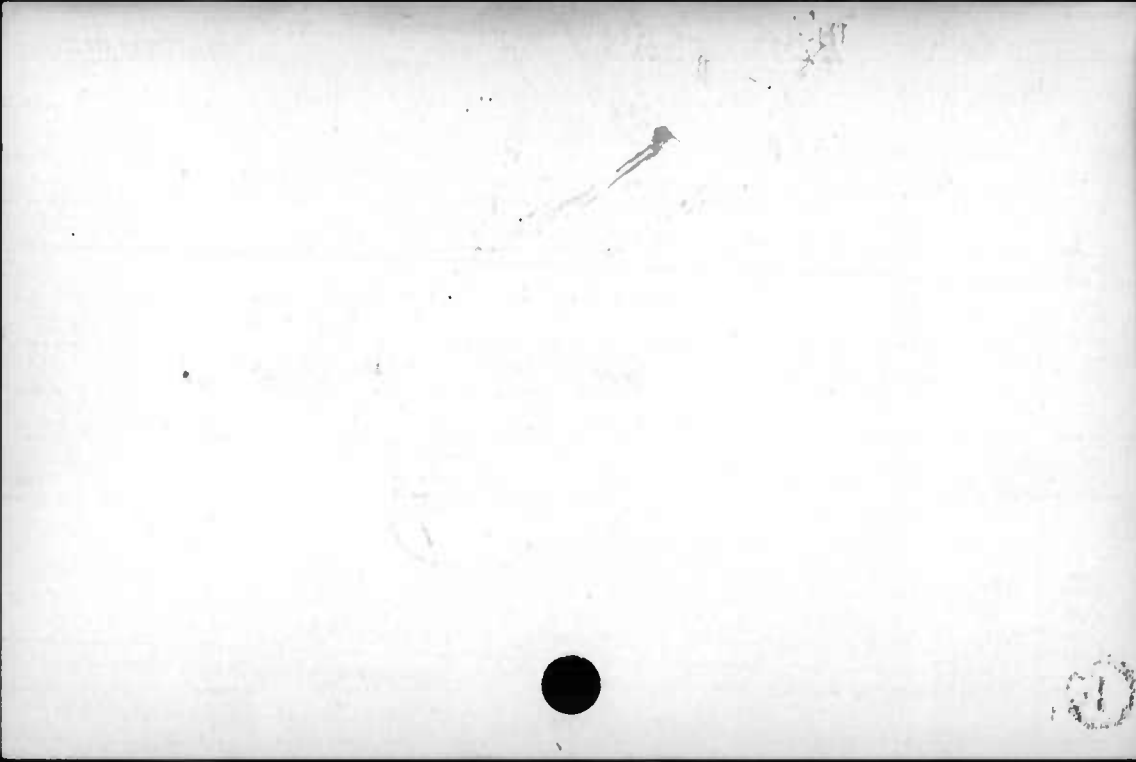
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>McHone Retreat</i> ^{Town} <i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1907 Aug 13th</i>	Month <i>Aug</i>	Day <i>13th</i>	Years <i>45</i> Months <i>unkn</i> Days <i>unkn</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>N.Y.</i>	
Occupation <i>Gentleman</i>	Where Residing if not at place of death <i>Pittsburg - Pa</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>not known</i>		
Father's Name <i>unknown</i>	Father's Birthplace <i>not known</i>		
Mother's Maiden Name <i>unknown</i>	Mother's Birthplace <i>not known</i>		
Name of person giving information <i>Reeds McHone Retreat</i>	How related to deceased <i>not at all</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>melancholia</i>	<i>157</i>	How long <i>only 3 days at McHone</i>
Immediate <i>suicide by hanging</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank J. Flannery</i>	
<i>Investigation and</i>	Address <i>McHone Retreat</i>	
• Accident or Suicide? <i>Inquest declined - Reeds & Bevan J.P.</i>	<i>acting coroner</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

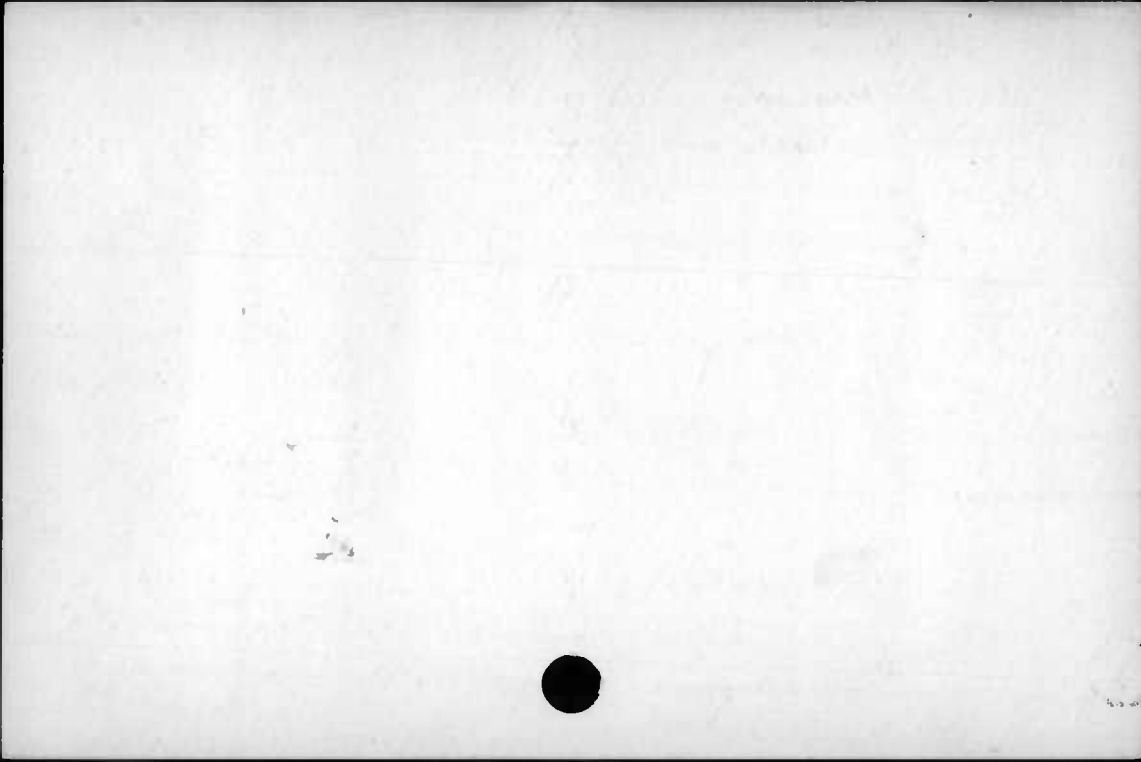
Died at <i>Hattie Siford</i>		Town <i>Sparrows Pt</i>		County <i>Dalto</i>		MARYLAND	
Date of death <i>1907 August 20</i>		Month <i>August</i>		Day <i>20</i>		Age <i>31</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Unknown</i>			
Occupation <i>Domestic</i>		Where Residing if not at place of death <i>7-west. E. St.</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Advester Siford</i>					
Father's Name <i>Mr Powell</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Bro. Campbell</i>		How related to deceased <i>Friend</i>					

CAUSES OF DEATH

How long *166*
 Immediate *immediate*
 How long *"*

PHYSICIAN
OR CORONER

Primary <i>Killed by being struck by an engine for crossing bridge down</i>	Signature of Physician <i>A. D. Cunningham</i>
Immediate <i>suicide</i>	Address <i>703 Vorne St.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	<i>Coroner</i>
Accident or Suicide? <i>Accident</i>	



Name
in
Full

Martin Sikes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Bunduck		County Balto		MARYLAND	
Date of death		1907	Month Aug	Day 7	Age —	Years —	Months 6
Sex Male		Color or Race White Polish		Birth- place Balto Md			
Occupation none				Where Residing if not at place of death Bunduck			
Married, Single or Widowed Single		Name of Wife or Husband Annie wire					
Father's Name John Sikes		Father's Birthplace Russia Poland					
Mother's Maiden Name Annie Wire		Mother's Birthplace Germany					
Name of person giving In formation John Sikes (Father)		How related to deceased					

CAUSES OF DEATH

105

1
PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long	3 days
Immediate	E+ Exhaustion	How long	12 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Dr. J. K. Sikes	
Address 3rd St. Bzgh			
Accident or Suicide?		No	

St Stanislaus.

M J. Dadowski.

Name
In
Full

Frank Sikora

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Barton</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death 190 <u>7</u> <small>Month</small>		<u>15</u> <small>Day</small>	Age <u>16</u> <small>Years</small>	<u>16</u> <small>Months</small>	<u></u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Balto.</u>			
Occupation <u>✓</u>		Where Residing if not at place of death <u>✓</u>			
Married, Single or Widowed <u>✓</u>		Name of Wife or Husband <u>✓</u>			
Father's Name <u>Joseph Sikora</u>		Father's Birthplace <u>Bohemia</u>			
Mother's Maiden Name <u>Marie Sikora</u>		Mother's Birthplace <u>Bohemia</u>			
Name of person giving information <u>Joseph Sikora</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <u>Gastro Enteritis</u>	How long <u>2 weeks</u>
Immediate <u>Exhaustion</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>D.W. Jones M.D.</u>
	Address <u>3116 Donnell St</u>
Accident or Suicide? <u></u>	

A



Name
in
Full

Earl Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>White Marsh</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	<i>8</i> ^{Month}	<i>3</i> ^{Day}	Age <i>—</i> ^{Years}	<i>4</i> ^{Months} <i>17</i> ^{Days}
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation			Birth-place	<i>Maryland</i>	
			Where Residing if not at place of death	<i>White Marsh</i>	
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>John J. Smith</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Armanda Knight</i>			Mother's Birthplace <i>Ind.</i>		
Name of person giving information <i>John J. Smith</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Dysentery</i>	<i>14</i>	How long	<i>2 weeks</i>
Immediate	<i>11</i>		How long	<i>11</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		
Signature of Physician		<i>J. F. G. Garsuch</i>		
Address		<i>1014 N. 1st St.</i>		
Accident or Suicide?		<i>—</i>		

Frederick Lassahn
and Sam.
Undertakers

Interment

Camp Chapel

Name
in
Full

Ida Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>German Hill Road</i>		Town		County <i>Balto.</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Aug</i>	Day <i>26</i>	Age <i>2</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>col.</i>		Birth-place <i>Ind.</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Edward Brown</i>			Father's Birthplace <i>va.</i>				
Mother's Maiden Name <i>Louisa Brooks</i>			Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>Edward Brown</i>			How related to deceased <i>adopted father</i>				

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary	<i>meningitis</i>	How long	<i>3 weeks</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. J. A. Glantz</i>	
		Address <i>41 Eastern Ave E.H.</i>	
<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">1</div> Accident or Suicide?			

Sam W Chase
Hm

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Franklin U Smith</i>		Town <i>Grants</i>		County <i>Bald</i>		State <i>MARYLAND</i>	
Died at <i>Grants</i>		Date of death <i>1907 Aug 31</i>		Age <i>3</i>		Months <i>1</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Ind</i>		Days <i>22</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>Same</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Franklin Smith</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Mary Johnson</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Franklin Smith</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Gastritis</i>	How long <i>2 weeks</i>
Immediate <i>Coma</i>	How long <i>few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>St. J. Phelps</i>
	Address <i>Grants Ind</i>
Accident or Suicide? <i>—</i>	

75 - 5/8 5/8

100 - 5/8 9/8

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Roslyn</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i>	Month <i>July</i>	Day <i>23</i>	Age <i>52</i>	Months <i>1</i> Days <i>13</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation <i>Wife</i>	Where Residing if not at place of death				
Married, Single <i>Married</i>	Name of Wife or Husband <i>George Snyder</i>				
Father's Name <i>William Newman</i>	Father's Birthplace <i>Germantown</i>				
Mother's Maiden Name <i>Mary Pollock</i>	Mother's Birthplace <i>Germantown</i>				
Name of person giving information <i>Geo Snyder</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

54

PHYSICIAN
OR CORONER

Primary <i>Permeious Anemia</i>	How long <i>1 year</i>
Immediate <i>Syncope</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. C. Smith</i>
	Address <i>Woodlawn Sta</i>
Accident or Suicide?	

For B.
~~Bulletin~~ Cook

Mr. Ohin —

Name

in

Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Rutledge Standiford
 Died at near Parkton Baltimore County MARYLAND
 Date of death 1907 8 14 Age 50 8 13
 Sex Male Color or Race White Birth-place Md
 Occupation Farmer Where Residing if not at place of death
 Married, Single or Widowed Married Name of Wife or Husband Kessiah. Alimony
 Father's Name Vincent. Standiford Father's Birthplace Md
 Mother's Maiden Name Charity. Gosnell Mother's Birthplace Md
 Name of person giving information Kessiah. Standiford How related to deceased Wife

CAUSES OF DEATH

Primary

Brights Disease

How long

120

1 year

Immediate

Heart failure

How long

Suddenly

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

R. B. Harris
Parkton
Md.

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

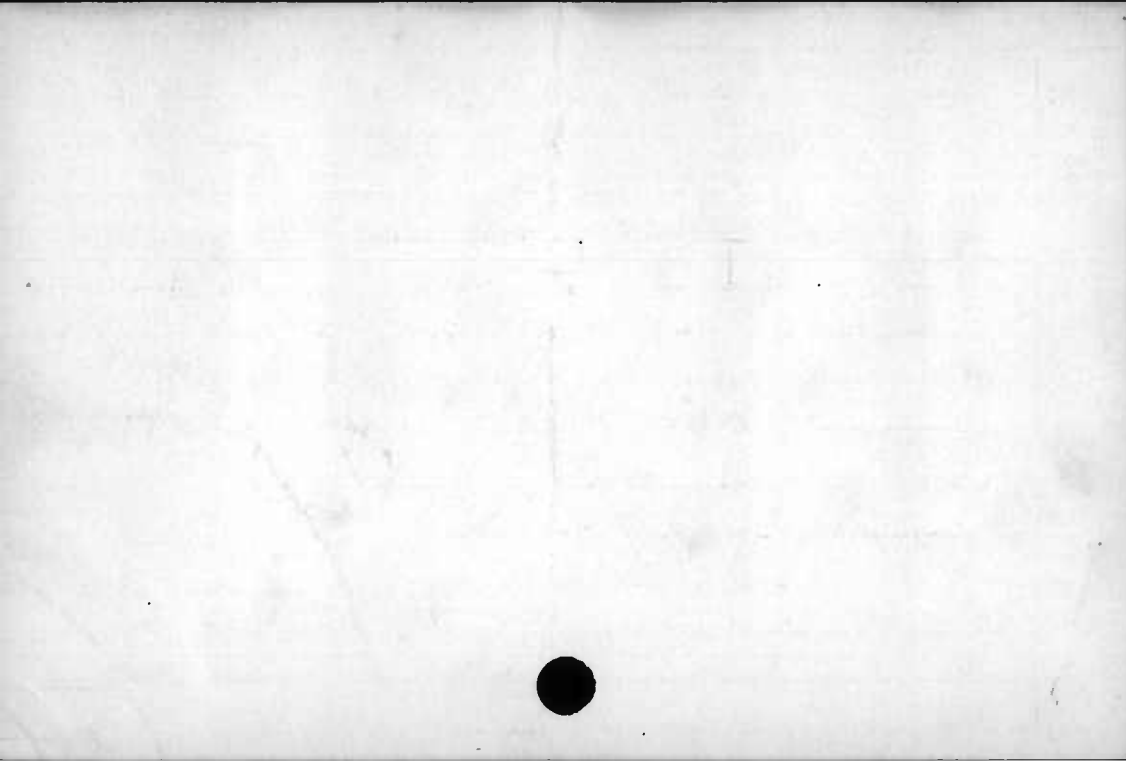
Died at <i>Spencer's Point</i>		Town <i>Buttermilk</i>		County		MARYLAND	
Date of death	1907	Month	Aug.	Day	12	Years	Age 51
Sex	Male		Color or Race	White		Birth-place	Danphin Co. Pa.
Occupation	Steel Hunter		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband	Emma C. Cook.			
Father's Name	Samuel F. Stunbaugh					Father's Birthplace	Pa.
Mother's Maiden Name	America Allwine					Mother's Birthplace	Pa.
Name of person giving information	Mrs Emma Stunbaugh					How related to deceased	Wife

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>Chronic Nephritis</i>		How long	<i>15 months.</i>
Immediate	<i>Cardiac Dilatation</i>		How long	<i>45 hours</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes.</i>	Signature of Physician	
			Address	
			<i>J. C. Eldred M.D.</i>	
			<i>Spencer's Point</i>	
			<i>Md.</i>	
Accident or Suicide? <i>2</i>				



Name
in
Full

Calvert Suehle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Highlandtown		County Balto		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		8	4			4	
Sex		Male		Color or Race		White	
Occupation				Where Residing if not at place of death		Birth place Balto. Co.	
				18 N. Clinton St.			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name		Ferdinand Suehle		Father's Birthplace		Balto.	
Mother's Maiden Name		Mamie B. Medinger		Mother's Birthplace		Balto.	
Name of person giving information		Ferdinand Suehle		How related to deceased		Father	

CAUSES OF DEATH

Primary

Nervousness

151

How long

since birth

Immediate

Exhaustion

How long

since birth

Are the name, age, sex, color, date and place correctly given above?

Yes
No

Signature of Physician

G. C. Runk

Address

2000 E. Balt. St.

Accident or Suicide?

PHYSICIAN
OR CORONER

1

Baltimore Cemetery

Jno Herwig & Son

8/5/07

Name
in
Full

Jack Thomas Summer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>German Hill Road</u>		Town <u>Balto.</u>		County		MARYLAND	
Date of death <u>1907</u>	Month <u>Aug.</u>	Day <u>19</u>	Age	Years	Months <u>17</u>	Days <u>7</u>	
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>md.</u>				
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>				
Father's Name <u>Emil Brand Summer</u>			Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>Stella Nabilatska</u>			Mother's Birthplace <u>Germany</u>				
Name of person giving information <u>Emil Brand Summer</u>			How related to deceased <u>father</u>				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<u>cholera infantum</u>	How long	<u>2 weeks.</u>
Immediate	<u>Inanition</u>	How long	<u>1 week.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Dr. S. A. Glantz</u>	
		Address <u>41 Eastern Ave. Ed.</u>	
Accident or Suicide?			

~~Duppell~~

H. Lander & Son

Independent Circuit. Cebu.

Name
in
Full

CERTIFICATE OF DEATH

Walter Sumner
Town Hunwood County Buff &

MARYLAND

Died at Hunwood Month May Day 22 Age — Years — Months — Days 8 hours

Sex male Color or Race white Birth-place same

Occupation — Where Residing if not at place of death same

Married, Single Single Name of Wife or Husband —

Father's Name Walter Sumner Father's Birthplace Ind

Mother's Maiden Name Frances Butler Mother's Birthplace Ind

Name of person giving information Walter Sumner How related to deceased father

CAUSES OF DEATH

157

Primary Premature Delivery

How long —
How long —

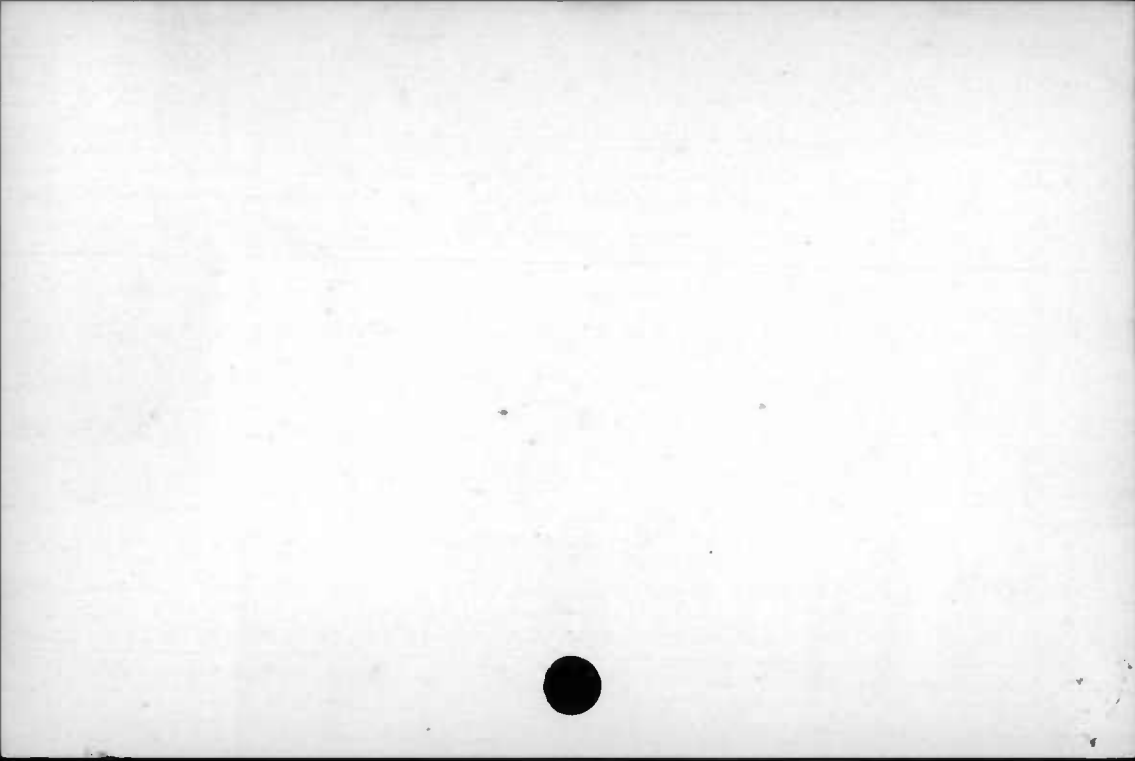
Immediate
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician N. J. Thompson
Address —

Accident or Suicide? —

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Esther R. Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>B. Canton</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Aug</i>	Day <i>15</i>	Age <i>8</i>	Years <i>29</i>	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>				
Occupation <i>None</i>			Where Residing if not at place of death <i>/</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>/</i>					
Father's Name <i>Samuel Taylor</i>		Father's Birthplace <i>Baltimore</i>					
Mother's Maiden Name <i>Katie Burgan</i>		Mother's Birthplace <i>Baltimore</i>					
Name of person giving information <i>Samuel Taylor</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>61</i>	How long	
Immediate <i>pernicious</i>		How long	<i>one day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. J. Gentry, M.D.</i>	Address <i>111 S. Broadway</i>	
Accident or Suicide?			

Dr. Gately
Mr. Samuel
H. Sanders & Sons

Name
in
Full

CERTIFICATE OF DEATH

Luther A Taylor

Town

County

Died at

Orangethorpe

Balto

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1907

8

25

Age

—

4

15

Sex

male

Color or
Race

white

Birth-
place

*Balto Co Md
Orangethorpe*

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

—

Name of Wife or
Husband

—

Father's
Name

James I Taylor

Father's
Birthplace

Va

Mother's
Maiden Name

Lucy G. Jessie

Mother's
Birthplace

Va

Name of person giving
information

Jarvis G Taylor

How related
to deceased

Father

CAUSES OF DEATH

1057

Primary

Cholera Infantum

How long

2 days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

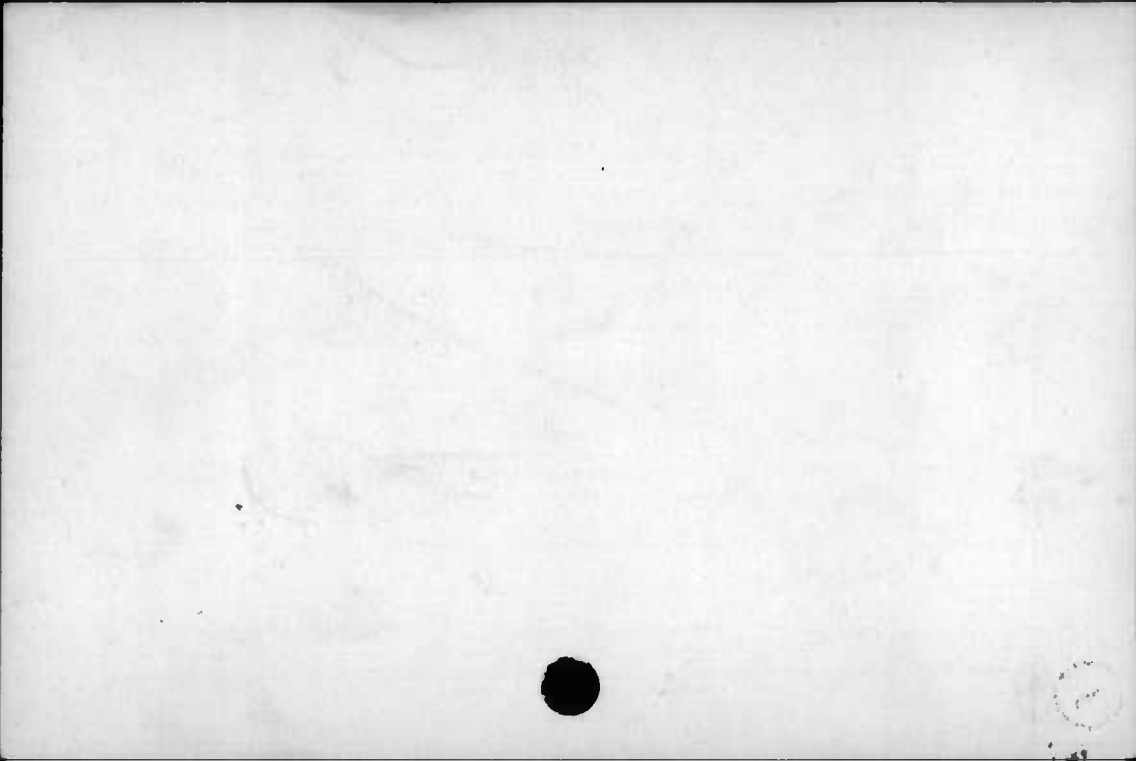
*A. S. Warner M.D.
1120 Highland Dr*

Accident or Suicide?

no

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Basil Gordon Thomas.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

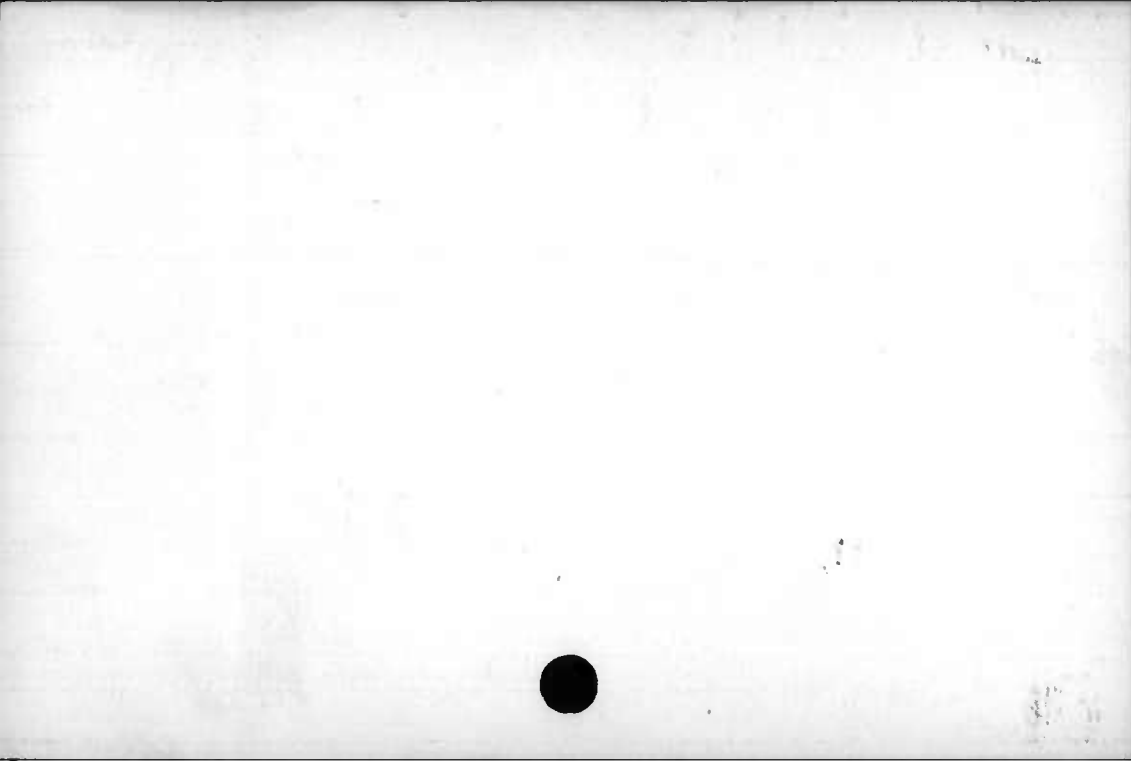
MARYLAND

Died at <i>St. Agnes Hospital</i>		Town <i>Baltimore</i>		County	
Date of death	1907	Month	Aug.	Day	25
Age	68	Years		Months	4
Sex	Male	Color or Race	White	Birth-place	Baltimore
Occupation	None	Where Residing if not at place of death <i>St. Agnes Hospital</i>			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	John / Hanson Thomas			Father's Birthplace	Maryland
Mother's Maiden Name	Annie Campbell Gordon			Mother's Birthplace	Virginia
Name of person giving information	Douglas H. Thomas			How related to deceased	Brother

CAUSES OF DEATH

Primary	<i>Cholecystitis</i>	How long	<i>2 weeks.</i>
Immediate	<i>General peritonitis</i>	How long	<i>3 days.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician	<i>H. H. Hazen M.D.</i>
		Address	<i>St. Agnes Hospital</i>
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name

Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>St. Helena</i> Town		<i>Balto.</i> County		MARYLAND	
Date of death	<i>1907 Aug</i> Month	<i>20</i> Day	Age	<i>4</i> Months	<i>3</i> Days
Sex	<i>Male</i>	Color or Race	<i>white</i>	Birth-place	<i>M.D.</i>
Occupation			Where Residing if not at place of death <i>St Helena</i>		
<input checked="" type="checkbox"/> Single or Widowed	Name of Wife or Husband				
Father's Name	<i>William Tolson</i>		Father's Birthplace	<i>M.D.</i>	
Mother's Maiden Name	<i>Annie E Hopkins</i>		Mother's Birthplace	<i>M.D.</i>	
Name of person giving information	<i>Wm Tolson</i>		How related to deceased	<i>Father</i>	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>1 mo</i>
Immediate	<i>exhaustion</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>C. McCormick M.D.</i>
		Address	<i>Spanawstown M.D.</i>
Accident or Suicide?	<i>no</i>		

J Herwig from
Balto. Cemetery

8/21/27

Name
in
Full

Christina Vogel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1907</i>	Month <i>Aug.</i>	Day <i>3rd</i>	Age <i>64</i>	Years	Months	Days <i>5</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>				
Occupation <i>Housework</i>			Where Residing if not at place of death <i>_____</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Adam Vogel</i>					
Father's Name <i>don't know</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>don't know</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Adam Vogel</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Valvular Disease Heart</i>	How long <i>6 weeks</i>
Immediate <i>Oedema + Exhaustion</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. H. Hays</i>
	Address <i>22 Hudson St</i>
Accident or Suicide?	

Sacred Heart Cemetery

Aug. 6th 1907

Germanus Franz

Undertaker

Name
in
Full

Caroline S Wahl

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Coltonville Ar.*

Town

County

Bolton Co

MARYLAND

Date
of death *1907 Aug.*

Month

Day

21

Age

Years

38

Months

Days

22

Sex

*Female*Color or
Race*white*Birth-
place*Bolton Md*

Occupation

*housewife*Where Residing if not
at place of death*same*Married, Single
or Widowed*Married*Name of Wife or
Husband*Wm F Wahl*Father's
Name*Fred C Witte*Father's
Birthplace*Germany*Mother's
Maiden Name*Caroline L Bordenberger*Mother's
Birthplace*Germany*Name of person giving
Information*Wm F Wahl*How related
to deceased*husband*

CAUSES OF DEATH

Primary

*Syncope from previous
debility*

How long

*178**a few minutes*

Immediate

same

How long

*same*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Arthur Wilkins
2200 Ridge Rd*

Address

Accident or Suicide?

PHYSICIAN
OR CORONER*1*

E. Schloemann & Sohn
1039 Hannover

Ballmann

Mittel

Name
in
Full

Kate Walpole

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

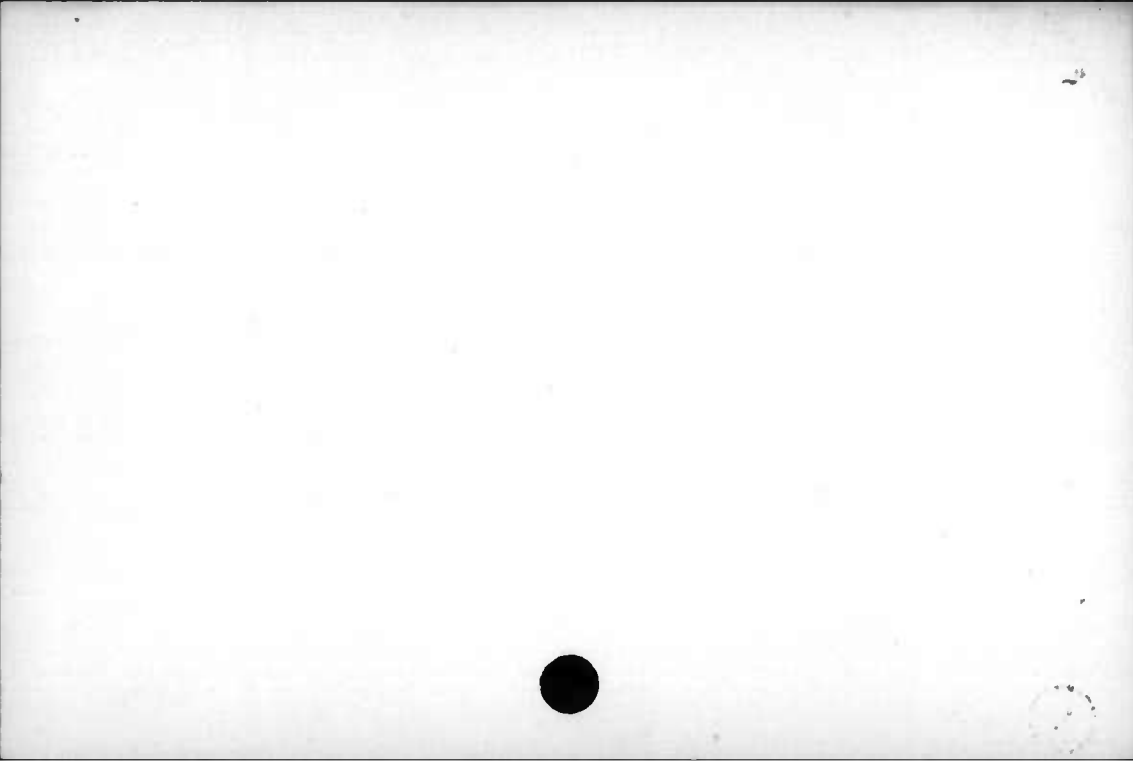
Died at <i>Mt Hope Retreat</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Aug</i>	Day <i>9th</i>	Age <i>41</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ireland</i>			
Occupation <i>Dressmaker</i>	Where Residing if not at place of death <i>Catonville - Md -</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>unknown</i>	Father's Birthplace <i>unknown</i>				
Mother's Maiden Name <i>"</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Reeds Mt Hope Retreat</i>	How related to deceased <i>not at all</i>				

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary <i>Melancholia Chr-Tr. Dement.</i>	How long <i>over 16 yrs -</i>
Immediate <i>St-Gastro-Enteritis</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank J. Flannery</i>
	Address <i>Mt Hope Retreat</i>
	<i>Mt Hope, Md.</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

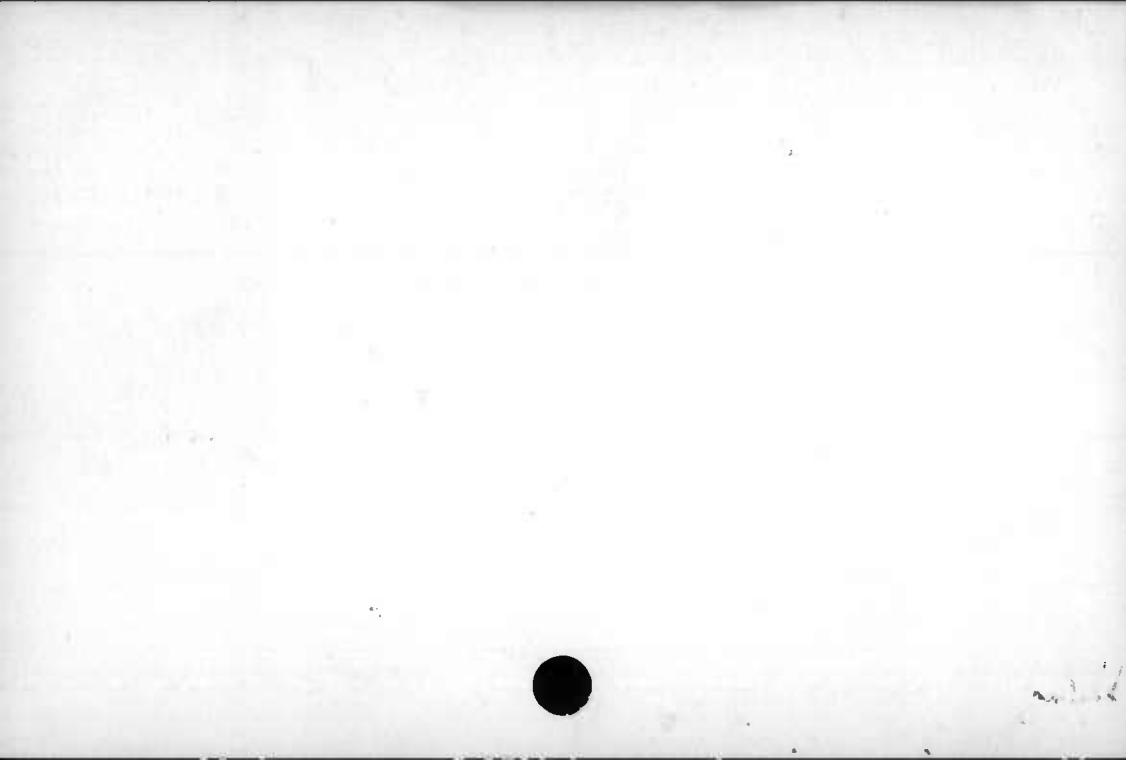
Name in Full		Bridget Theresa Ward				CERTIFICATE OF DEATH	
Died at		Town Parkville		County Baltimore		MARYLAND	
Date of death		Month August		Day 8		Years 40	
Sex		Female		Color or Race White		Birth-place Ireland	
Occupation		Housewife		Where Residing if not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband James Ward			
Father's Name		Noonan		Father's Birthplace Ireland			
Mother's Maiden Name		Coleman		Mother's Birthplace Ireland			
Name of person giving information		James Ward		How related to deceased Wife			

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary	Chronic Enterocolitis	How long	3 months
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		M. E. Whiteford	
Accident or Suicide?		Address Parkville, Md.	



Name
in
Full

Mary J. Waters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *near Phoenix* TownCounty *Balto*Date of death *1907* Month *Aug*Day *29th* Age *31*Months *—*Days *—*Sex *Female*Color or Race *Black*Birth-place *Balto. Co. Md.*

Occupation

*cook*Where Residing if not
at place of deathMarried, Single
or Widowed*married*Name of Wife or
Husband*Lawrence Waters*Father's
Name*Henry Ayres*Father's
Birthplace*Md.*Mother's
Maiden Name*Mary J. Quickley*Mother's
Birthplace*Md.*Name of person giving
Information*Lawrence Waters*How related
to deceased*Husband.*

CAUSES OF DEATH

127

Primary

Phthisis

How long

7 months

Immediate

Tubercular Nephritis (with dropsy)

How long

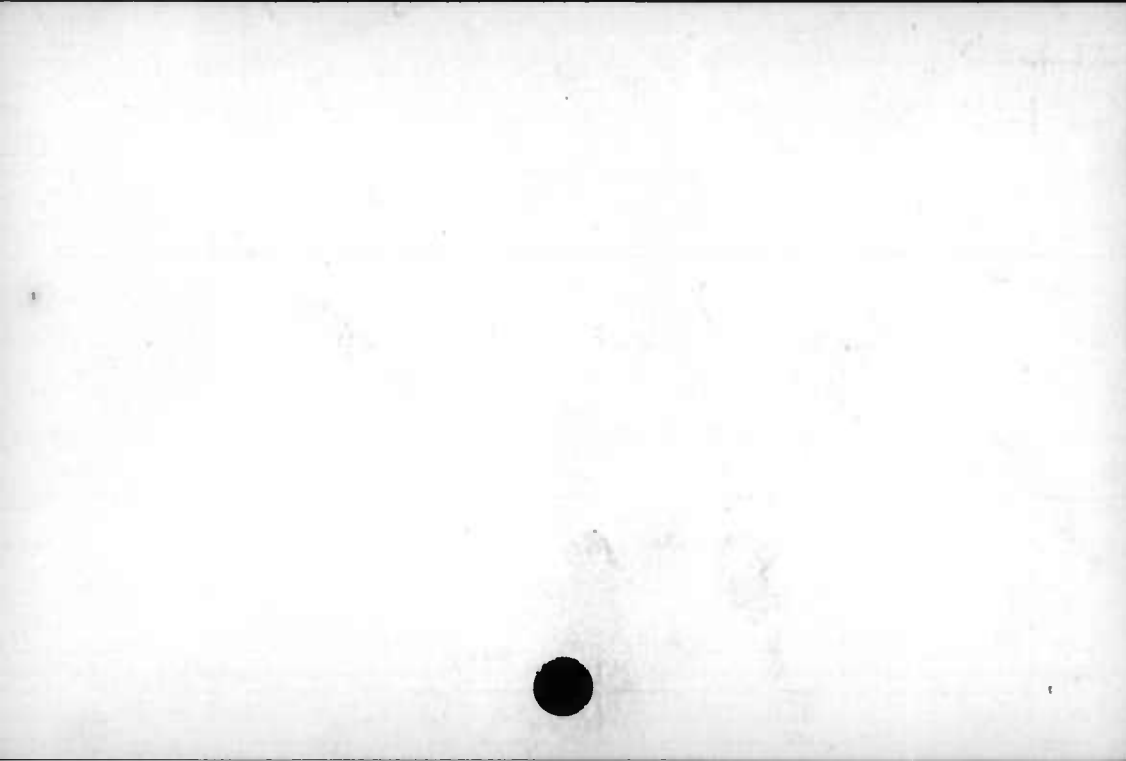
*40 days*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Thos. H. Emory Jr. D.*

Address

Monkton, Md.

Accident or Suicide?

no



Name
in
Full

Margaret Watson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Highlandtown Md</i>		Town <i>Balto</i>		County	
Date of death <i>190</i>	Month <i>Aug</i>	Day <i>20</i>	Age <i>68 years</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Occupation <i>house work</i>	Where Residing if not at place of death <i>Highlandtown, Md</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mrs H. Watson</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>"</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Robert H. Watson</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary Cause <i>Cerebral Hemorrhage</i>	How long <i>1 mo</i>
Immediate Cause <i>Exhaustion</i>	How long <i>2 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Fred Cameron</i>
	Address
Accident or Suicide? <i>—</i>	

CHRISTIAN MILLER.
UNDERTAKER & EMBALMER

2834 Jefferson St. N. W. Cor. Montford Ave.
Baltimore Md.

Oak Lawn Cemetery

Name
in
Full

Virian M. Watts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Roland Park ^{Town} Balto ^{County} MARYLAND

Date of death 190 7 ^{Month} any ^{Day} 20 ^{Years} 5 ^{Months} 5 ^{Days}

Sex female Color or Race white Birth-place Balto Co.

Occupation — Where Residing if not at place of death —

Married, Single
or MarriedName of Wife or
Husband —Father's Name Roland WattsFather's Birthplace BaltoMother's Maiden Name Pearl MagruderMother's Birthplace M. C.Name of person giving
In formation Roland WattsHow related
to deceased father

CAUSES OF DEATH

150

PHYSICIAN
OR CORONERPrimary Protracted confinement & Oynosed baby

How long

Immediate Hyprostatic Pneumonia

How long

3 daysAre the name, age, sex, color, date
and place correctly given above?yesSignature of
Physician Baume

Address

2017 Helms Ave
Baltimore Md

Accident or Suicide?

Burial at Balto
Cemetery,

Aug. 21/07

Wm Lusk

Name
in
Full

Infant of Lela Fulton and Armstead M Webb

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Towbin</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Aug</i>	Day	<i>17</i>
Age	Years		Months		Days
Sex	<i>Male</i>		Color or Race	<i>American</i>	
Occupation	_____		Birth-place	<i>Baltimore County</i>	
Where Residing if not at place of death			_____		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Armstead M Webb</i>			Father's Birthplace <i>Baltimore Md</i>		
Mother's Maiden Name <i>Lela Fulton</i>			Mother's Birthplace _____		
Name of person giving information <i>Armstead M Webb</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <input checked="" type="checkbox"/> <i>Artic Regurgitation & Mother's</i>	How long <input checked="" type="checkbox"/> <i>?</i>
Immediate <input checked="" type="checkbox"/> <i>Artic Regurgitation & Mother's</i>	How long <input checked="" type="checkbox"/> <i>?</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm D. King</i>
<i>Y.S.</i>	Address <i>506 W. Trade St Baltimore</i>
Accident or Suicide?	



Name

in
Full

Mr LEELEY F Webb

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

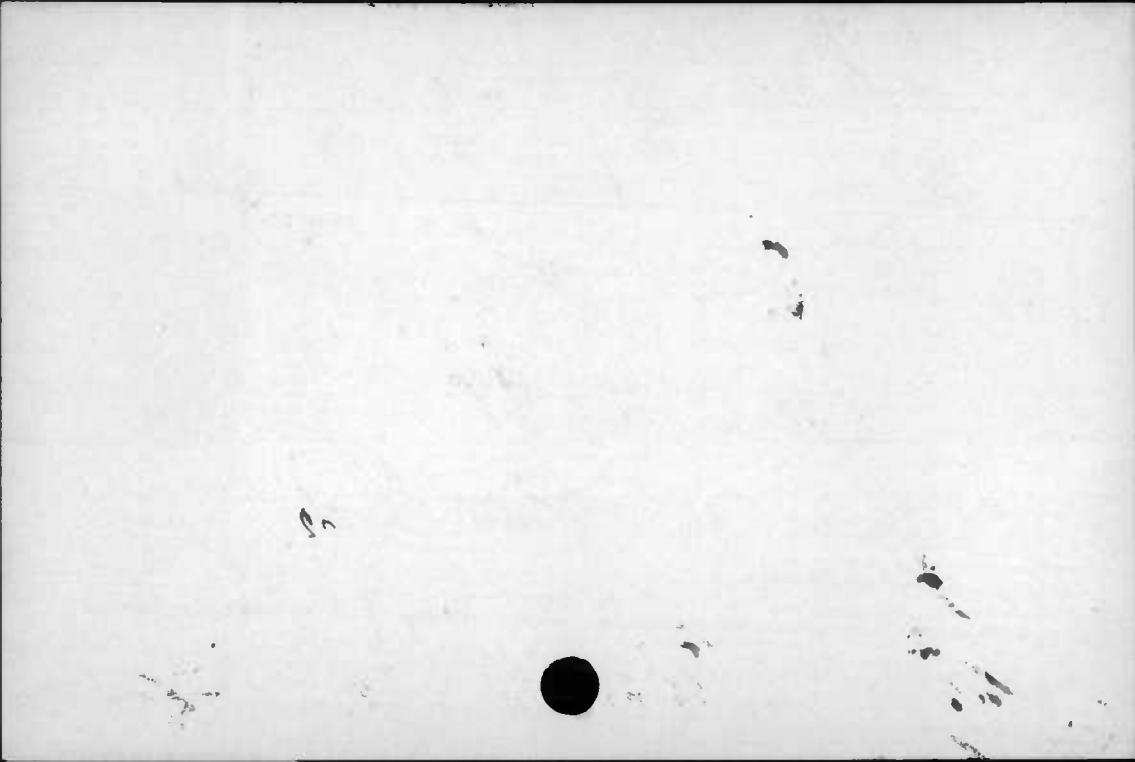
Died at <i>Baltimore</i>		Town		County <i>Baltimore</i>		MARYLAND	
Date of death	1907	Month	Aug	Day	7	Age	48
Sex	Female	Color or Race	White	Birth-place	Baltimore	Months	Days
Occupation	None			Where Residing if not at place of death <i>Baltimore</i>			
Married, Single or Widowed	Widow			Name of Wife or Husband <i>Wm G Webb</i>			
Father's Name	<i>John L Hater Balto.</i>			Father's Birthplace <i>Baltimore</i>			
Mother's Maiden Name	<i>Lucy A Liley</i>			Mother's Birthplace <i>Rockville Md</i>			
Name of person giving information	<i>Mrs A Suter</i>			How related to deceased <i>Sister</i>			

CAUSES OF DEATH

(62)

PHYSICIAN
OR CORONER

Primary	<i>Locomotor Ataxia</i>	How long	<i>Normal years</i>
Immediate	<i>Exhaustion following Locomotor Ataxia</i>	How long	<i>Four weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Richard J Gray, M.D.</i>
		Address	<i>Catonsville</i>
Accident or Suicide?			



Name
in
Full

Grederika Weber.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

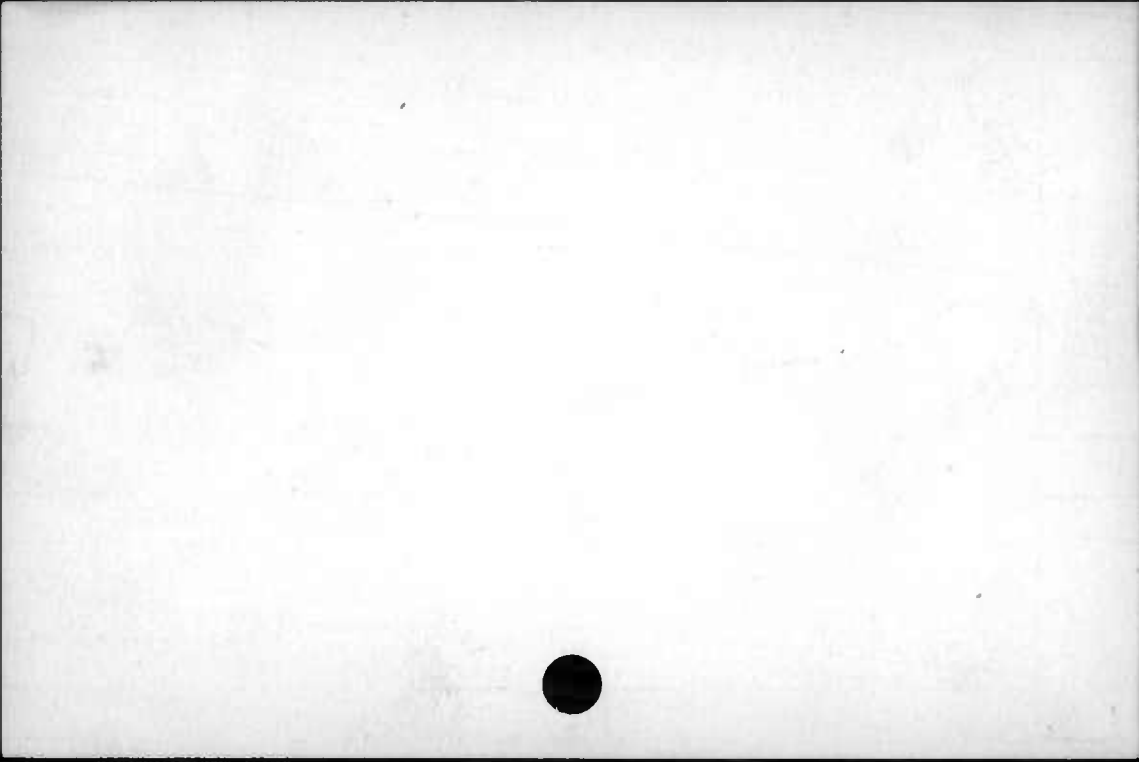
Died at <i>Highlandtown</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>8</i>	Day <i>13</i>	Age <i>70</i> Years	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>1414 Third</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>John Weber</i>				
Father's Name <i>Henry Baker</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Grederika Becker</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>W. L. Weber</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Chronic Parenchymatous Nephritis</i>	How long <i>2 yrs</i>
Immediate <i>uraemia</i>	How long <i>48 hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo L. Truax M.D.</i>
	Address <i>3 And South Highlandtown Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

John B. Wenter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Carlton</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death	<u>1907</u> ^{Month} <u>Aug.</u> ^{Day} <u>24</u>	Age	<u>1</u> ^{Years}	<u>7</u> ^{Months}	<u>—</u> ^{Days}
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth place	<u>Md.</u>
Occupation	<u>None</u>	Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband <u>—</u>			
Father's Name	<u>John Wenter</u>			Father's Birthplace	<u>Md.</u>
Mother's Maiden Name	<u>Caroline Hintze</u>			Mother's Birthplace	<u>Md.</u>
Name of person giving information	<u>John Wenter</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<u>Isotus Enteritis</u>	How long	<u>4 weeks</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>C. M. O'Heary</u>	
		Address	
		<u>2 Hudson St. Ext'd</u>	
Accident or Suicide?			
<u>—</u>			

Sacred Heart Cemetery

Aug. 26 th 1907

Germanus Franck

Understone

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Hope Retreat</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1907</i> ^{Month}	<i>Aug</i> ^{Day}	<i>8th</i> ^{Years}	Age <i>39</i>	<i>39</i> ^{Months}
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Baltimore</i>
Occupation	<i>Wife of Fireman</i>		Where Residing if not at place of death <i>unknown</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>unknown</i>		
Father's Name	<i>unknown</i>			Father's Birthplace	<i>unknown</i>
Mother's Maiden Name	<i>11</i>			Mother's Birthplace	<i>11</i>
Name of person giving information	<i>Recds Mt Hope Retreat</i>			How related to deceased	<i>Wife at all</i>

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Mania Chronic</i>	How long	<i>over 6 yrs</i>
Immediate	<i>Ex. Pul. Tuberculosis</i>	How long	<i>2 mos</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Frank J. Flannery MD</i>	
		Address	
		<i>Mt Hope Retreat</i>	
		<i>Mt Hope Md -</i>	
Accident or Suicide? <i>no</i>			

0-70-10-16

Name
in
Full

Infant of Chas. H. + Myrtle White

CERTIFICATE OF DEATH

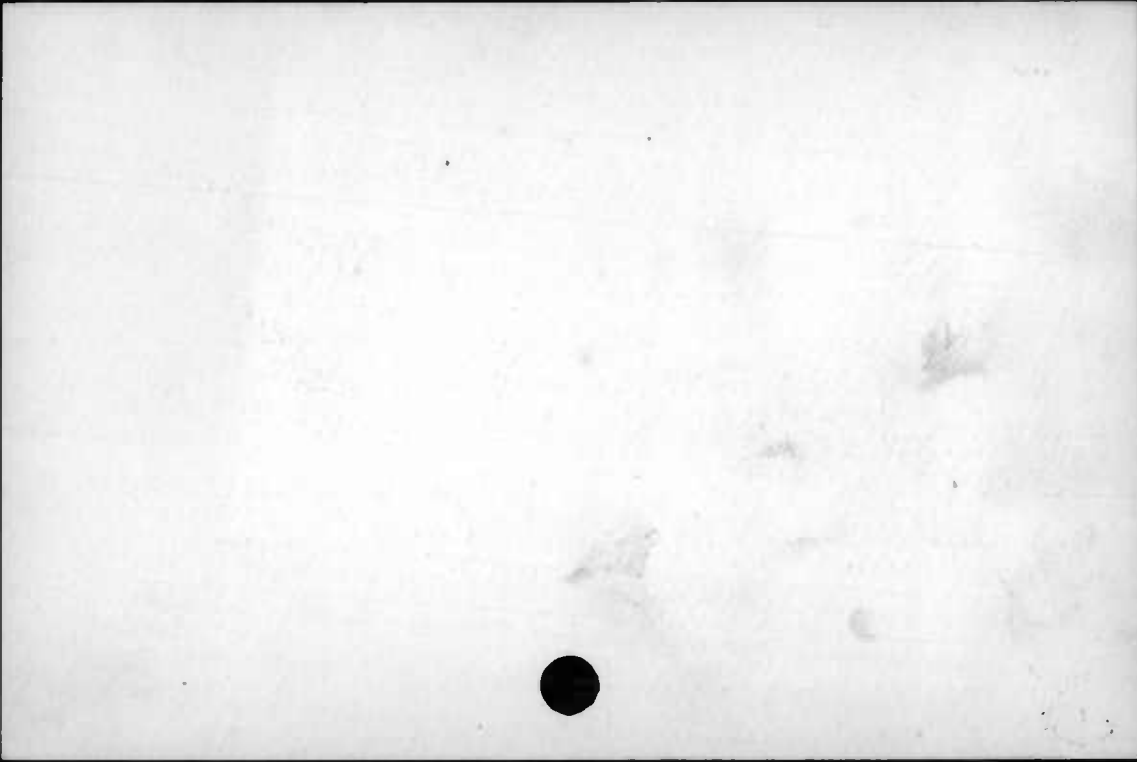
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Highlandtown		^{County} Balto.		MARYLAND	
Date of death	1907	Month	8	Day	4
Sex	Female	Age	Years	Months	Days
Color or Race	White	Birth-place	Baltimore		
Occupation	None	Where Residing if not at place of death	1315 - 3 1/2 St		
Married, Single or Widowed	-	Name of Wife or Husband	(S)		
Father's Name	Chas. H. White	Father's Birthplace	Balto		
Mother's Maiden Name	Myrtle Sealover	Mother's Birthplace	u		
Name of person giving information	Chas. H. White	How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Dead in Utero	How long	24 hours
Immediate	Placenta Previa	How long	during pregnancy
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. L. M. White
	No	Address	3rd St. & Gay
Accident or Suicide?	No		Highlandtown



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Wiegmann</i>		Town <i>Barnton</i>		County <i>Balto.</i>		MARYLAND	
Died at		Date of death <i>1907 Aug.</i>		Age <i>7</i>		Months <i>1</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balto Md.</i>		Days <i>9</i>	
Occupation <i></i>				Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>					
Father's Name <i>John Wiegmann</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Barbara Guttenberger</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>John Wiegmann</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cause <i>Unkilled wallowed in trunk</i>		How long <i>4 to 5 Min</i>	
Immediate Cause <i>Asphyxiation</i>		How long <i>4 Min</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. E. McClanahan M.D.</i>	
Address <i>618 S. Clinton St.</i>		Address <i>618 S. Clinton St.</i>	
Accident or Suicide? <i>Accident</i>			

Sacred Heart Cemetery

Aug. 7th 1907

Germanus Traver

underlain

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

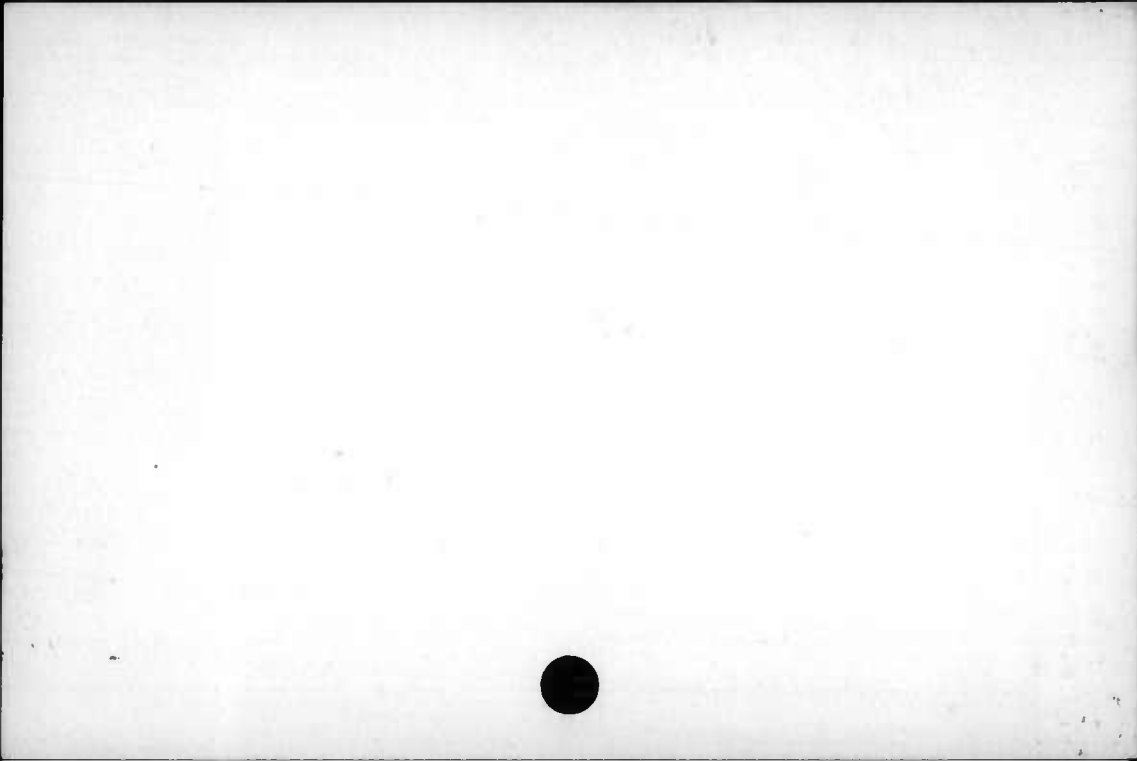
Died at <i>Moukhon</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death 190	7	Month	aug	Day	12	Age	49
Sex	Male		Color or Race	White		Birth-place	Balt. Co. Md.
Married, Single or Widowed	Married		Occupation	Stone Mason			
Name of Wife or Husband	Mary J. Wilhelme						
Father's Name	Don't know					Father's Birthplace	Don't know
Mother's Maiden Name	Don't know					Mother's Birthplace	Don't know
Name of person giving information	Samuel F. Wilhelme					How related to deceased	Son

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Dropsy with Heart Disease</i>		How long	<i>3 months</i>
Immediate	<i>General Failure</i>		How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	<i>A. R. Mitchell</i>
			Address	<i>Moukhon, Md.</i>
Accident or Suicide?				



Name
in
Full

Ida Helen Wilke

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Canton</u> <small>Town</small>		<u>Baltimore</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u>	<u>Aug.</u> <small>Month</small>	<u>24</u> <small>Day</small>	Age <u> </u> <small>Years</small>	<u>3</u> <small>Months</small>	<u>7</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Ind.</u>		
Occupation <u>None</u>	Where Residing if not at place of death <u> </u>				
Married, Single or Widowed <u>single</u>	Name of Wife or Husband <u> </u>				
Father's Name <u>William Wilke</u>	✓		Father's Birthplace <u>Germany</u>		
Mother's Maiden Name <u>Anna Kokala</u>			Mother's Birthplace <u>Germany</u>		
Name of person giving information <u>Anna Wilke</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <u>cholera infantum</u>	How long <u>1 week</u>
Immediate <u>cardiac failure</u>	How long <u>1/2 day</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>Dr. F. A. Leauty</u>
	Address <u>41 Eastern Ave. E. K.</u>
Accident or Suicide? <u> </u>	

Holy Redeemer Cemetery

Aug. 26th 1907

Germanus Thoma

Uncles later

Name
in
Full

Stephen A Will

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Gardenville</u> ^{Town}		<u>Balto</u> ^{County}		MARYLAND	
Date of death <u>1907</u> ^{Month} <u>Aug</u> ^{Day} <u>9</u>		Age <u>6</u> ^{Years}		<u>27</u> ^{Months} <u>7</u> ^{Days}	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Balto City</u>	
Occupation <u>none</u>		Where Residing if not at place of death <u>Gardenville</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>Adelaide Will</u>			
Father's Name <u>Andrew A Will</u>		Father's Birthplace <u>Balto</u>			
Mother's Maiden Name <u>Adelaide Senge</u>		Mother's Birthplace <u>" "</u>			
Name of person giving information <u>Andrew A Will</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR
CORONER

Primary <u>Cholera Infantum</u>	<u>105</u>	How long <u>3 weeks</u>
Immediate <u>Exhaustion</u>		How long <u> </u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Joseph B. Webster M.D.</u>
		Address <u>Roxburg Md.</u>
Accident or Suicide?		



Name
in
Full

Lewis Williams

CERTIFICATE OF DEATH

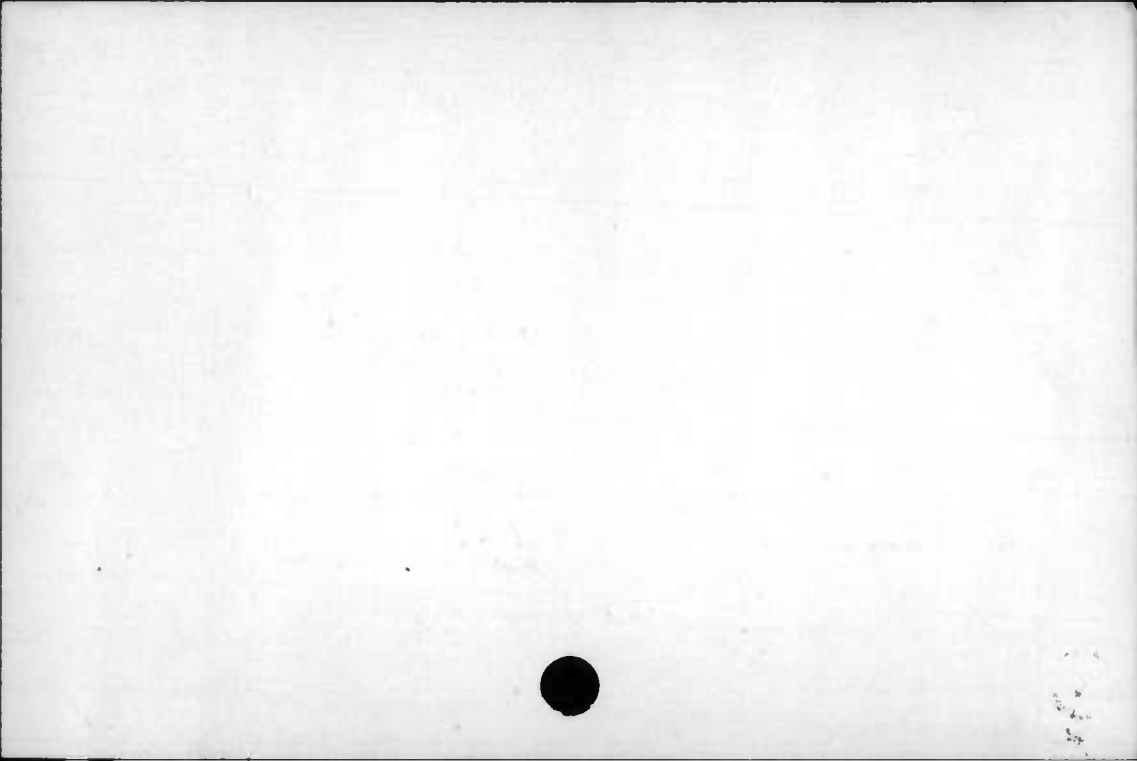
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Boring</u> ^{Town}		<u>Balt</u> ^{County}		MARYLAND	
Date of death	<u>1907</u>	Month	<u>8</u>	Day	<u>9</u>
Age	<u>74</u>	Years		Months	
Sex	<u>male</u>	Color or Race	<u>Black</u>	Birth-place	<u>md</u>
Occupation	<u>Laborer</u>		Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed	<u>widower</u>	Name of Wife or Husband	<u>unknown</u>		
Father's Name	<u>unknown</u>	Father's Birthplace	<u>unknown</u>		
Mother's Maiden Name	<u>unknown</u>	Mother's Birthplace	<u>do</u>		
Name of person giving information	<u>Luke Diggs</u>	How related to deceased	<u>son-in-law</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Cirrhosis of Liver</u>	How long	<u>112</u>
Immediate		How long	<u>year or two</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Joseph Wilson</u>
		Address	<u>Hubbsburg</u>
Accident or Suicide?			<u>no</u>



Name
in
Full

Mrs Elizabeth Wicks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Hope Petriah</i> Town <i>Baltimore</i> County		MARYLAND	
Date of death <i>1907</i> <i>July</i> <i>3rd</i> Age <i>88</i>	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth place <i>Penn</i>	
Occupation <i>Wife of Carpenter</i>	Where Residing if not at place of death <i>Baltimore</i>		
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Mont Penn</i>		
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>II</i>	Mother's Birthplace <i>II</i>		
Name of person giving information <i>Reeds Mt Hope Petriah</i>	How related to deceased <i>Not at all</i>		

CAUSES OF DEATH

68

PHYSICIAN
OR
CORONER

Primary <i>Mania Chr. (Senile)</i>	How long
Immediate <i>Ex Terminal Dementia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank J Flannery</i>
	Address <i>Mt Hope Petriah Md</i>
Accident or Suicide?	

22



Name
in
Full

William H. Wisner Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Halethorpe</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>August</i> <small>Month</small>	<i>12</i> <small>Day</small>	Age <i>23</i> <small>Years</small>	<i>10</i> <small>Months</small>	<i>2</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Occupation <i>Carpenter</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>				
Father's Name <i>Wm. H. Wisner</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Ida E. Shipley</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Ida E. Wisner</i>	How related to deceased <i>Mother</i>				

CAUSES OF DEATH

147

PHYSICIAN
OR CORONER

Primary <i>Acute artic. rheumatism</i>	How long <i>2 mos</i>
Immediate <i>Mitral Insufficiency, Dilatative</i>	How long <i>2 years</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm R. Eareckson</i>
	Address <i>Eux Ridge, Md.</i>
Accident or Suicide? <i>—</i>	

W. J. Fickner
Dramatic

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlandtown</i>		County <i>Balto.</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Aug.</i>	Day <i>21</i>	Age <i>—</i>	Years <i>—</i>	Months <i>7</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>md</i>		
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>George John Wolf</i>	Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>Anna Bertha Wolf</i>	Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>George John Wolf</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>2 days</i>
Immediate	<i>Cardiac failure</i>	How long	<i>1/2 day</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes:</i>	Signature of Physician	<i>Dr. S. A. Sleight</i>
		Address	<i>41 Eastern Ave. Et.</i>
Accident or Suicide?			

Wendell Dippell
Holy Redeemer Cen.

Name
in
Full

CERTIFICATE OF DEATH

Maher Gustaf

TO BE ANSWERED BY
NEAREST FRIEND

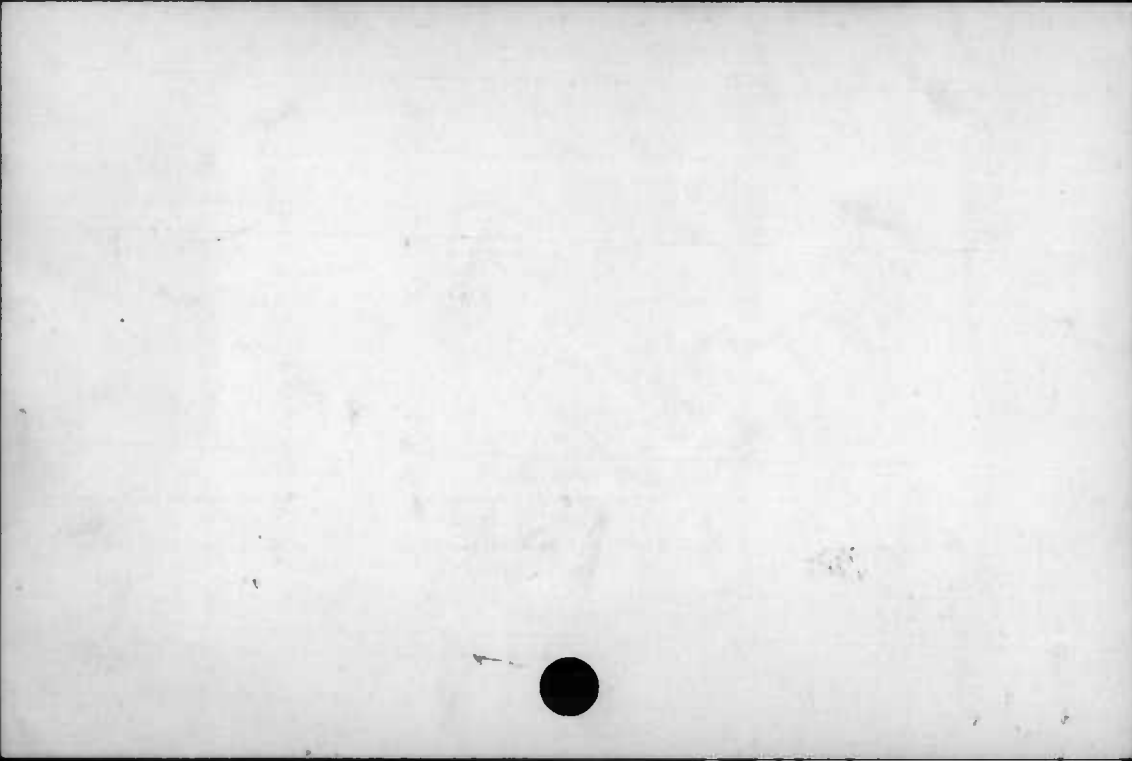
Died at <i>Northridge Valley</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>Aug</i>	Day <i>21</i>	Age <i>5</i>	Years <i>5</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Occupation <i></i>			Where Residing if not at place of death <i></i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>			
Father's Name <i>Julius Gustaf</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Rosie Gustaf</i>		Mother's Birthplace <i></i>			
Name of person giving information <i>Julius Gustaf</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>2 weeks</i>
Immediate <i>Cholera Infantum</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos Price</i>
	Address <i>Glyndon Md</i>
Accident or Suicide? <i>no</i>	



Name

In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Baltimore

County

Baltimore

MARYLAND

Date

of death

190

7

August

30

Day

Age

Unknown

Years

Unknown

Months

Unknown

Days

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Sex

Male

Color or
Race

White

Birth-
place

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Occupation

Apparently labor

Where Residing if not
at place of death

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Married, Single
or Widowed

Unknown

Unknown

Unknown

Unknown

Name of Wife or
Husband

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Father's
Name

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Mother's
Maiden Name

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Name of person giving
information

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

CAUSES OF DEATH

164

Primary

Killed by a fall

Fracture Skull

How long

30 minutes

How long

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Immediate

Fracture Skull

How long

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Are the name, age, sex, color, date
and place correctly given above?

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Signature of
Physician

P.A. Dominguez

Address

203 Toone St

Baltimore

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Accident or Suicide?

Accident

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

Unknown

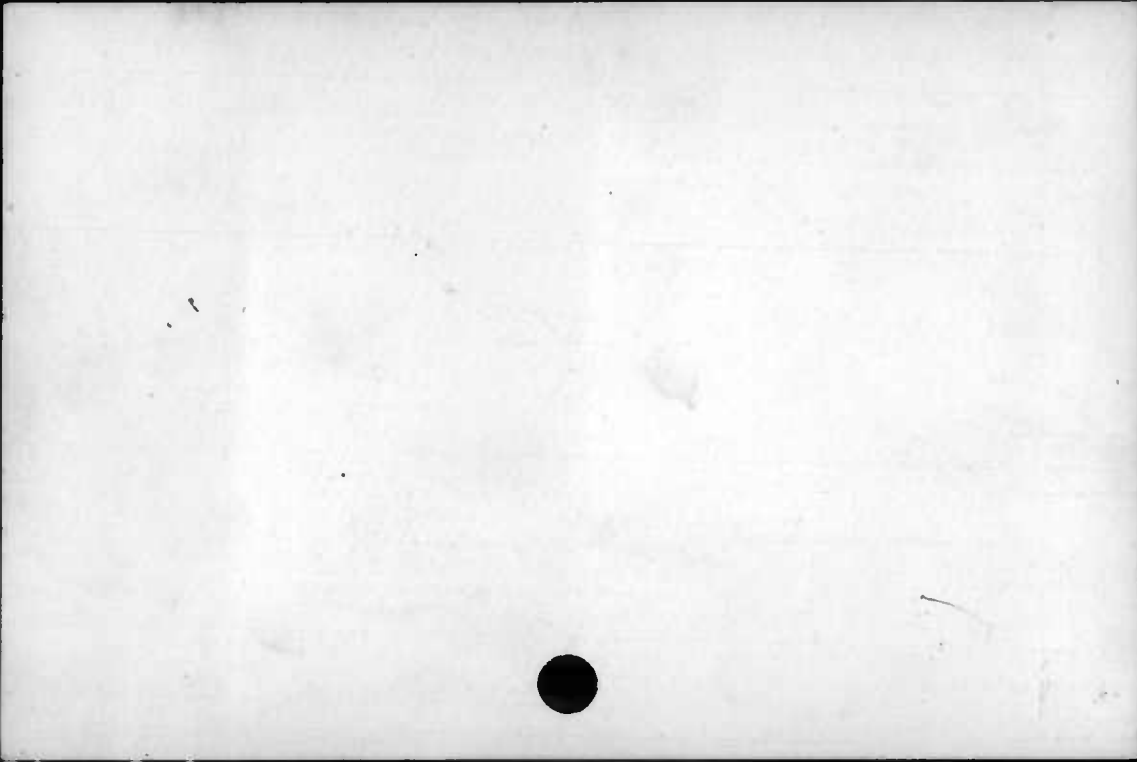
Unknown

Unknown

Unknown

Unknown

Unknown



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Canton</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	1907	Month	Aug	Day	2nd
Age	<i>17 1/2</i>		Years	Months	Days
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Unknown</i>		Birth-place	<i>Unknown</i>	
Where Residing if not at place of death			<i>Unknown</i>		
Married, Single or Widowed			Name of Wife or Husband		
<i>Unknown</i>			<i>Unknown</i>		
Father's Name			Father's Birthplace		
<i>Unknown</i>			<i>Unknown</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>"</i>			<i>"</i>		
Name of person giving information			How related to deceased		
<i>"</i>			<i>"</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Causes of death</i>	How long	<i>17 1/2</i>
Immediate	<i>Unknown</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>P. Q. J. Mignan</i>
		Address	<i>203 Tonne Street Baltimore Co. Md.</i>
Accident or suicide?	<i>Don't know</i>		

